S. No. 2
(—1/47
5-17-39

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 30 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22642
5970

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 15

1. PLACE OF DEATH:
(a) County
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: FIRMIN DESLOGE HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County STE. GENEVIEVE
(c) City or town STE GENEVIEVE
(If outside city or town limits, write "RURAL")
(d) Street No. N.R.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Schwent, Elizabeth
3. (b) If veteran, name war NO
3. (c) Social Security No. NONE
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife NICHOLAS SCHWENT
6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased JUNE (Month) 1 (Day) 1905 (Year)

8. AGE: Years	Months	Days	If less than one day
42	0	16	hr. min.

9. Birthplace CRYSTAL CITY (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business
FATHER 12. Name UNKNOWN
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name SARAH CARON
15. Birthplace GERMANY (City, town, or county) (State or foreign country)
16. (a) Informant BETTY ANN SCHWENT
(b) Address STE. GENEVIEVE, MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6-20-47 (Month) (Day) (Year)
(c) Place: burial or cremation STE GENEVIEVE, MO
18. (a) Signature of funeral director Robert W. Hagan
(b) Address 4700 Naokyo Blvd
19. (a) JUN 19 1947 (Date received local registrar) (b) J. F. Bhedeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 17 year 1947 hour 5 minute 05 P.M.
21. I hereby certify that I attended the deceased from 5-27-47 19 47 to 6-17 19 47 that I last saw him alive on 6-17 19 47 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchopneumonia, terminal	3 days
Due to Bronchogenic carcinomatosis	1 yr.
Due to Carcinoma of uterus	2 yr.
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations Chordotomy for pain	
Of autopsy	

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Gerard I. Uhrich (M. D. or other) M.D.
Address 1325 So. Grand Blvd Date signed 6-15-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) GERARD I UHRICH

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.