No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 22 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24698

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6118

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: Mo. Baptist 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 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 000 17
(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")
(d) Street No. 4408 Lafayette Ave. 0
(If rural, give location)
(e) Citizen, of foreign country? 17 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MAGDALEN SCHWEPPE
3. (b) If veteran, name war None
3. (c) Social Security No.

4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife Late Joseph
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec. (Month) 25 (Day) 1866 (Year)

8. AGE: Years 81 Months 6 Days 13 If less than one day hr. min.

9. Birthplace (City, town, or county) Germany 4 (State or foreign country)
10. Usual occupation Housework
11. Industry or business
FATHER
12. Name Louis Wagner 1
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)
MOTHER
14. Maiden name Unknown 1
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)
16. (a) Informant Mrs. Elizabeth Hartman
(b) Address 4408 Lafayette Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-12-48 (Month) (Day) (Year)
(c) Place: burial or cremation SS Peter&Paul Cem.
18. (a) Signature of funeral director Kriegshauser Und.Co.
(b) Address 4228 So. Kingshighway Bl.
19. (a) JUL 9 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8
year 1948 hour 11:30 minute P. M.

21. I hereby certify that I attended the deceased from June 1, 1938 to July 8, 1948
that I last saw her alive on July 5, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: Nephritis Chronic Parenchy. Myocarditis Chronic
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) Senility
Major findings:
Of operations
Of autopsy

Duration: Dont know / Dont know

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 John C Connell (M. D. or other)
Address 5005 A GRAVOIS Date signed 7-9-48
St Louis 16 Mo

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

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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 Richard W. Stovesand

Licensed Embalmer No. 4007

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.