. 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 SEP 20 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30897

Primary Registration District No. 100

Registrar's No. 7924

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: City Sanatarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 years (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4510a North Broadway
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CHRISTINE CARWITZ
3. (b) If veteran, name war none
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 Leo Carwitz,
6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased October (Month) 8, (Day) 1907 (Year)

8. AGE: Years	Months	Days	If less than one day
40	11	0	hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife,
11. Industry or business ------
FATHER
12. Name Casper Grewe
13. Birthplace Missouri (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Iowa (City, town, or county) (State or foreign country)
16. (a) Informant Mr. Leo Carwitz
(b) Address 4510a North Broadway
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-11-48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director M. A. Stock
(b) Address 2117 East Grand Blvd.
19. (a) SEP 9 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 8
year 1948 hour 8.00 minute A M.
21. I hereby certify that I attended the deceased from Jan. 1 47, to Sept 8 48;
that I last saw her alive on Sept 8 48;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to General Paresis	2/13/45x
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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 Jack R. Delaney (M. D. or other)
Address 5400 Arsenal St. Date signed 9/8/48

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 Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E Grand

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.