No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35034

FILED NOV 9 1948

Registration District No. 377

Primary Registration District No. 3065

Registrar's No.

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

1. PLACE OF DEATH:
(a) County Saint Louis
(b) City or town Glendale, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 103 Austin Place
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Saint Louis
(c) City or town Glendale
(If outside city or town limits, write "RURAL")
(d) Street No. 103 Austin Place
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Alice Nolte Schwarz
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Carl G. Schwarz
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased January 30th, 1880 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
68	8	14	hr. min.

9. Birthplace Saint Louis, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Housework
11. Industry or business
MOTHER FATHER
12. Name William F. Nolte
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Fredericka Krueger
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Mr. Carl G. Schwarz
(b) Address 103 Austin Place, Glendale, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/16/48 (Month) (Day) (Year)
(c) Place: burial or cremation Saint Johns Cemetery
18. (a) Signature of funeral director Calvin F. Feutz
(b) Address 4828 Natural Bridge Boulevard
19. (a) 10-14-48 (Date received local registrar) (b) Carol G. Shop (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 14th year 1948 hour 1 minute 00 A.M.
21. I hereby certify that I attended the deceased from Dec. 9, 1947, to Oct. 13, 1948; that I last saw her alive on Oct. 13, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Generalized Metastasis Carcinoma of Cervix	12-9-47 10-13-48
Due to	
Due to	
Other conditions No (Include pregnancy within 3 months of death)	
Major findings: Of operations Carcinoma of Ovary and Cervix	
Of autopsy No	

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 Arthur W Westrup (M. D. or other)
Address 204 E Big Bend Date signed 10-14-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

204 E. Big Bend Blvd.,
Webster Groves, Mo.

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 John A. Mlinar

Licensed Embalmer No. 4186

P. O. Address St. Louis Mo.

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.