

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 2192

1. PLACE OF DEATH:

(a) County St Louis
 (b) City or town Affton
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: ✓
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community _____
years, months or days

3. (a) PRINT FULL NAME Lottie Schwarz 620

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Julius 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased Nov. 29, 1901
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>38</u>	<u>0</u>	<u>13</u>	hr. _____ min. _____

9. Birthplace Not known Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name ? Zickler

13. Birthplace Not known Germany
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Hippe

15. Birthplace Not known Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Julius Schwarz

(b) Address 8615 Elgin Affton Mo

17. (a) burial (b) Date thereof 12/14/39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS Peter & Paul Cem

18. (a) Signature of funeral director John L. Ziegenhagen

(b) Address 7027 Grayoils

19. (a) DEC 13 1939 (b) P. R. Meyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis
 (c) City or town Affton
(If outside city or town limits, write "RURAL")
 (d) Street No. 8615 Elgin
(If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 12
 year 1939 hour 7:30 minute _____ A. M.

21. I hereby certify that I attended the deceased from March 5, 1938, to Dec. 12, 1939;
 that I last saw her alive on Dec. 12, 1939;
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Pulmonary Tuberculosis
 Due to infection
Tuberculous Peritonitis
 Due to infection

Duration
About
9
years

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
 Of operations none
 Of autopsy none

PHYSICIAN
 Underline the cause to 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? _____

23. Signature Lorraine Klinker (M. D. or other) M.D.
 Address 3515 S. Grand Bl. Date signed 12/13/39

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

L. J. ... Schlenker

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 *C. P. Kridwell*

Licensed Embalmer No. *3877*

P. O. Address *6937a Graves*

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, above space should be left blank.