16 1939

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 8 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 44659

Registration District No. 784 | Primary Registration District No. 200 | Registrar's No. 2219

1. PLACE OF DEATH:

(a) County ST. LOUIS

(b) City or town PINE LAWN 3
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: MOTHER OF GOOD COUNSEL HOME
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution TH3E 1-2 YEARS (Specify whether
In this community UNKNOWN
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State MISSOURI (b) County

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 1967A ALICICE AVE
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME 550 ROSA SCHWEMMER

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 WIDOWED

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased JUNE 15, 1871
(Month) (Day) (Year)

8. AGE: Years 68 | Months 6 | Days 0 | If less than one day hr. min.

9. Birthplace NEW ORLEANS (City, town, or county) LA. (State or foreign country)

10. Usual occupation NONE 1

11. Industry or business

FATHER
12. Name FERDINADN HUG 7
13. Birthplace UNKNOWN (City, town, or county) FRANCE (State or foreign country) 1

MOTHER
14. Maiden name MADALANE WILD
15. Birthplace UNKNOWN (City, town, or county) GERMANY (State or foreign country)

16. (a) Informant's own signature Margaret Forsh
(b) Address 1967A ALICE AVE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC. 18, 1939 (Month) (Day) (Year)
(c) Place: burial or cremation SS PETER AND PAUL

18. (a) Signature of funeral director Goodhart & Goodhart
(b) Address 2228 ST. LOUIS AVE

19. (a) DEC 16 1939 (Date received local registrar) (b) R. Meyer M.D. Dr. PH (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 15th year 1939 hour 2:00 minute A. M.

21. I hereby certify that I attended the deceased from 7/23/36, 19__, to 12/15/39, 19__; that I last saw her alive on 12/14/39, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardio-Vascular-Renal disease.	?
Extreme obese.	
~~Due to~~ Chr. Hypertension with heart block.	?
~~Due to~~ See reverse side.	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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? -- (Specify type of place)

While at work? -- (e) Means of injury --

23. Signature [signature] (M. D. or other) 1

Address 3718 Jennings Road Date signed 12/16/39

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Rev. 5-17-39 1 X19511

Continued from reverse side

Secondary:

Cardiac congestion-Pulmonary edema.	7/23/36
Generalized anasacara.	"
Uremia	"
Uremic coma.	3 wks.
Cardiac and pulmonary asthma	7/23/36
Died in the Home of Incurables.	

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. Charles Goodhart

Licensed Embalmer No. 2777

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, above space should be left blank.