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FILED SEP 25 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27292

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 7188

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

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: St. John's Hosp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 days (Specify whether years, months or days)

In this community 11 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri 0 (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 3708 Bates (If rural, give location)

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

3. (a) PRINT FULL NAME Baby Schwarzen 1.25

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 --

6. (b) Name of husband or wife ----

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

7. Birth date of deceased Aug. (Month) 16 (Day) 1940 (Year)

8. AGE: Years -- Months -- Days 19 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Nil

11. Industry or business

FATHER
12. Name Carl Schwarzen
13. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Mary Sabo
15. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant X Carl Schwarzen
(b) Address 3708 Bates

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/26/40 (Month) (Day) (Year)
(c) Place: burial or cremation Old SS. Peter & Paul

18. (a) Signature of funeral director Wacker-Helderle
(b) Address 3634 Gravois Ave.

19. (a) AUG 26 1940 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 25 year 1940 hour 6 minute 25 A.M.

21. I hereby certify that I attended the deceased from 8/17/40, 19__, to 8/25, 1940 that I last saw her alive on 8/25/, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity

Due to Premature separation of placenta.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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

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23. Signature Joseph A. Bauer (M. D. or other)
Address 3720 Washington Blvd. Date signed 8/25/40

(Licensed Embalmer's Statement on Reverse Side)

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.

No Embalming

Signed.....

Licensed Embalmer No.....

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.