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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 25 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 3

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: Lutheran Hosp (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St Louis (If outside city or town limits, write "RURAL") 2317

(d) Street No. 2808 Victor (If rural, give location) 9

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Clare L. Schiwitz

3. (b) If veteran, name war No

3. (c) Social Security No. No!

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

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

7. Birth date of deceased Dec. (Month) 29 (Day) 1885 (Year)

8. AGE: Years 55 Months 0 Days 2 If less than one day hr. min.

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

10. Usual occupation Home

11. Industry or business

FATHER
12. Name Edward Schiwitz
13. Birthplace ~~Te~~ (City, town, or county) 1 Texas (State or foreign country)

MOTHER
14. Maiden name Anna Lenz
15. Birthplace (City, town, or county) 4 Germany (State or foreign country)

16. (a) Informant Ida Schiwitz

(b) Address 2808 Victor St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 - 4 - 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Witt Bros Ft U Co.

(b) Address 2929 S. Jefferson Ave. 1411

19. (a) 1-1-41 (Date received local registrar) (b) D. W. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 1st. year 1941 hour 4 minute 15 A M.

21. I hereby certify that I attended the deceased from Nov. 4 1937, to Jan 1, 1941; that I last saw him alive on Jan 1, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Ch. nephritis (chr nephritis) Diabetes (Diabetes Mellitus)

Due to Ch. Myocarditis L. Cholecystitis (Cholecystitis Stones)

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 61

Of autopsy 59

Duration

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 R. Berg (M. D. or other) MD

Address 2253 Nebraska Date signed 1/2/41

(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 Paul A. Shanklin, Registered Apprentice No. ....., working under my personal supervision.

Signed Paul A. Shanklin

Licensed Embalmer No. 3472

P. O. Address 2999 S. Jeffers

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.