

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

13-40
7-39
X23159

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

791
FEB 25 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

374

State File No.

Registration District No.

Primary Registration District No. 1003

Registrar's No. 374

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Mo. Baptist Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 10-Days
(Specify whether)
 In this community 10 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")
 (d) Street No. #7 S. Vanderverter Ave.
(If rural, give location)
 (e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Catherine Schwering

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Bernard Schwering 6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased Aug. 19th., 1869
(Month) (Day) (Year)

8. AGE: Years 71 Months 4 Days 23 If less than one day hr. min.

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

10. Usual occupation At Home

MOTHER FATHER { 12. Name Joseph Reisch
 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Schwering
 (b) Address # 7a S. Vanderverter Ave.

17. (a) Burial (b) Date thereof 1-15-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Our S. Peter & Paul

18. (a) Signature of funeral director Arthur J. Donnelly
 (b) Address 3801 Lindell Blvd.

19. (a) JAN 14 1941 (b) J. T. Brubaker
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 12th.,
 year 1941 hour 11 minute P. M.

21. I hereby certify that I attended the deceased from Mar 27
1937, to Jan 12, 1941;
 that I last saw h. alive on Jan 12, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemiplegia
Hypertension
Chronic Myocarditis
Chronic Nephritis
 Duration 12-12-40
1-10-41

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

Major findings: Of operations None Of autopsy no
 PHYSICIAN James A. Prosser
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) no
 (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?

While at work? ✓ (Specify type of place) (e) Means of injury no
 23. Signature James A. Prosser (M. D. or other) MD
 Address 3903 Olive St Date signed 1-13-40

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.