

FILED APR 21 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **8875**

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **2285**

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:  
**3909a Rear N. 25th. St. /**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community **61 yrs. 8 Mos. 9 Days** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Mathilda Harriet Schwarz**

8. (b) If veteran, name war **Nil.** 8. (c) Social Security No. **None**

4. Sex **Female/** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Charles T. Schwarz** 6. (c) Age of husband or wife if alive **74** years

7. Birth date of deceased **June 24, 1879**  
(Month) (Day) (Year)

8. AGE: Years **61** Months **8** Days **9** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation **Housework**

11. Industry or business **Home**

12. Name **Lohn Lutz**

13. Birthplace **Unk.** **Germany**  
(City, town, or county) (State or foreign country)

14. Maiden name **Johanna Brinkman**

15. Birthplace **Unk.** **Germany**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Charles T. Schwarz**

(b) Address **3909a Rear N. 25th. St.**

17. (a) **Burial** (b) Date thereof **3/13/41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Peters Cemetery**

18. (a) Signature of funeral director **Suedmeyer's Sons**

(b) Address **3934 N. 20th. St.**

19. (a) **MAR 12 1941** (b) **J. H. Brudeck**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **00020**  
(c) City or town **St. Louis** **17**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **3909a Rear N. 25th. St. 9**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **10**  
year **1941** hour **8** minute **P. M.**

21. I hereby certify that I attended the deceased from **Jan. 4**, 19**41**, to **Mar. 10**, 19**41**;  
that I last saw her alive on **Mar. 10**, 19**41**;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Metastatic Carcinoma** **3 mos.**  
Due to **Primary Carcinoma of rt. breast** **1 yr.**  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **50**

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) Means of injury \_\_\_\_\_  
23. Signature **Charles T. Schwarz** (M. D. or other) **M.D.**  
Address **3911 Lee Ave.** Date signed **3/12/41**

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

00  
17  
9

MOTHER  
FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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**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 Alfred J. Boedeker

Licensed Embalmer No. 2663

P. O. Address 4204 Paine

**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.**