No. 2
-4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16516

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4034

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

1. PLACE OF DEATH:

(a) County

(b) City or town ST. LOUIS. MO.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: DEACONESS HOSPITAL O
(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 St. Louis 96

(c) City or town CLAYTON. NR
(If outside city or town limits, write "RURAL")

(d) Street No. 7316 FORSYTHE BLVD.
(If rural, give location)

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

3. (a) PRINT FULL NAME CHRISTINE SCHWARZ.

3. (b) If veteran, name war

3. (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 HOLLIS. SCHWARZ.

6. (c) Age of husband or wife if alive 31. years

7. Birth date of deceased JUNE. (Month) 25TH. (Day) 1909. (Year)

8. AGE: Years	Months	Days	If less than one day
31	10	12.	hr. min.

9. Birthplace MO. O (City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business

FATHER
12. Name W. R. CLARK.
13. Birthplace MO O (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name CHRISTINE GUNDELFINGER.
15. Birthplace MO. O (City, town, or county) (State or foreign country)

16. (a) Informant Hollis Schwarz.
(b) Address 7316 Forsythe Blvd.

17. (a) BURIAL. (Burial, cremation, or removal) (b) Date thereof 5-15-1941 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director L. M. Mullen
(b) Address 5165 DELMAR BLVD.

19. (a) MAY 13 1941 (Date received local registrar) (b) J. N. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12
year 1941 hour 6 minute 20 P. M.

21. I hereby certify that I attended the deceased from April 28, 1941, to May 12, 1941; that I last saw her alive on May 12, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Thrombocytopenic Purpura - Acute	4 weeks
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 A. R. Shuffler (M. D. or other)
Address 1020 Mo. Theatre Bld. St. Louis, Mo. Date signed 5-13-41

(Licensed Embalmer's Statement on Reverse Side)

Dr. Shieffler:
1020 Mo S Pl
2PM.
JE7469

FEB 26 1962

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 John Ketter

Licensed Embalmer No. 3880

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, fact should be so stated above.