S. No. 2
M—4-13-40
v. 5-17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27071

FILED AUG 30 1943

Local Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7466

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: 3664 Page Blvd
(If not in hospital or institution, write street number or location)

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

In this community 32 years

2. USUAL RESIDENCE OF DEACESED:

(a) State Mo (b) County

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

(d) Street No. 3664 Page Blvd.
(If rural, give location)

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

3. (a) PRINT FULL NAME Bessie Schwickrath

3. (b) If veteran, name war no

3. (c) Social Security No. 489-10-7316

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife William Schwickrath

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

7. Birth date of deceased 9 (Month) 27 (Day) 1904 (Year)

8. AGE: Years 38 Months 10 Days 20 If less than one day hr. min.

9. Birthplace ~~Mobile~~ Moberly (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Charles Baker

13. Birthplace Croutherville (City, town, or county) ~~Ill.~~ Ind. (State or foreign country)

14. Maiden name Nettie Croswhite

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

16. (a) Informant Mrs Nettie Baker

(b) Address 1441 N. Market St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-20-43 (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cemetery

18. (a) Signature of funeral director Goodhart & Goodhart

(b) Address 2228 St Louis Ave

19. (a) AUG 10 1943 (Date received local registrar) (b) J H Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 17 year 43 hour 7 minute 45 p M.

21. I hereby certify that I attended the deceased from May 5, 1943, to Aug 17, 1943 that I last saw h. alive on Aug 15, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic cardiac valvular disease	5 years
Due to	
Due to	
Other conditions None. (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 Jos. P. Berman (M. D. or other)

Address 1225 No. Grand Date signed 8/18/43

(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.

Signed Maria A. Cashion

Licensed Embalmer No. 3949

P. O. Address St. Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

V.J.C

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of City St. Louis

State File No. [illegible]

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 7466

On this 2 day of November, 1944, before me appears Nettie Baker, who, upon her oath, states that the original record of birth death for Bessie Schwickrath, died 8-17-1943, 19..., in the State of Missouri, and which was filed at ..... on ....., 19....., should be corrected as follows:

Item No. 9 should read Moberly, Mo.
Instead of Mobile, Mo.

Item No. 13 should read Croutherville, Ind.
Instead of " Ill.

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Corrected 11-2-44

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Nettie Baker Mother
Relationship.

1441 N. Market Street
Present Address.

Subscribed and sworn to before me this 2 day of November, 1944.

My Commission expires My Commission Expires March 4, 1945 Ella C. Paddock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
10M-5-43
I X36929

S-27071