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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 27 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3097**
Registrar's No. **552**

Registration District No. **318** Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County St. Louis Missouri
(b) City or town St. Louis Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2227 Benton Str
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community Since Birth (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Emma C Schwidde
3. (b) If veteran, name war _____ **3. (c) Social Security** No. _____

4. Sex Female **5. Color or race** white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Albert D Schwidde
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased Nov. 23, 1877
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	69	1	23	hr. min.

9. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business _____

MOTHER FATHER

12. Name William F Eppmeyer
13. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country)
14. Maiden name Caroline Kombrink
15. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Albert D Schwidde
(b) Address 2227 Benton Str.
17. (a) Burial (Burial, cremation, or removal) **(b) Date thereof** Jan. 20, 1947
(Month) (Day) (Year)
(c) Place: burial or cremation New Bethlehem Cemetery

18. (a) Signature of funeral director Henry Leidner, Und. Co.
(b) Address 2223 St. Louis Ave.
19. (a) JAN 17 1947 (Date received local registrar) **(b) J. J. Pardeck** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 20 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2227 Benton Str. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 16
year 1947 hour 645 minute 9 M.
21. I hereby certify that I attended the deceased from Feb 16
1947 to Jan 16 1947
that I last saw him alive on Jan 16 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitus
Ruena Stis (chron)
Due to _____
Other conditions Arterial Sclerosis
High Blood Pressure
Chronic Endocarditis
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?
23. (a) While at work? (Specify type of place) _____
(b) Means of injury _____
23. Signature Alfred Theo Vogel (M. D. or other) _____
Address 4744 N. Florissant **Date signed** 1/16/47

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 P. Buchholz
.....
Licensed Embalmer No. *1674*
.....
P. O. Address *2223 St. Louis Ave*
.....

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.