

No. 2  
-12-45  
5-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **6937**

FILED MAR 3 1947

Registration District No. **318** Primary Registration District No. **1002** Registrar's No. **1823**

1. PLACE OF DEATH:

(a) County..... **St. Louis**

(b) City or town..... **St. Louis**

(c) Name of hospital or institution:  
**4244a Maryland Avenue**

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether)

In this community..... (Specify whether)

years, months or days

3. (a) PRINT FULL NAME **Ruth Katherine Schwarzauber**

3. (b) If veteran, name war..... **None**

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 **Gene Schwarzauber**

6. (c) Age of husband or wife if alive **61** years

7. Birth date of deceased **September 15, 1892**

(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>54</b>	<b>5</b>	<b>6</b>	hr. min.

9. Birthplace **Cape Girardeau, Missouri**

(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **At Home**

MOTHER FATHER

12. Name **Hamer Behymer**

13. Birthplace **Ohio**

(City, town, or county) (State or foreign country)

14. Maiden name **Stacy Whitaker**

15. Birthplace **Missouri**

(City, town, or county) (State or foreign country)

16. (a) Informant **Gene Schwarzauber**

(b) Address **4244a Maryland Ave.**

17. (a) **Removal** (b) Date thereof **Feb. 24, 1947**

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Cape Girardeau, Missouri**

18. (a) Signature of funeral director **Wm. J. Robert L. & U. Co.**

(b) Address **1905 So. Grand Blvd.**

19. (a) **FEB 23 1947** (b) **J. F. Bredeck**

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**

(c) City or town **St. Louis**

(If outside city or town limits, write "RURAL") **1917**

(d) Street No. **4244a Maryland Ave.**

(If rural, give location) **9**

(e) Citizen of foreign country?..... (Yes or No) **0**

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **21**

year **1947** hour **7** minute **55** P. M.

21. I hereby certify that I attended the deceased from **Jan 12**

**11:45** **Feb. 21**, 19**47**

that I last saw her alive on **Feb. 21**, 19**47**

and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial Heart Disease**

**Cerebral Thrombosis**

Due to.....

Due to.....

Other conditions **Pt. Hemiplegia**

(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?.....

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature **Robert J. Farrell** (M. D. or owner) **0**

Address **624 N. Union** Date signed **2/22/47**

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

**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.....

*St Louis Mo.*

**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.**