

2
-45
7-39
47070

NOV 22 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10307

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:
Lutheran Hospital *J*
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 Weeks
(Specify whether
In this community 86 Years
years, months or days)

3. (a) PRINT FULL NAME Mrs. Lena A. Schawacker

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F / 5. Color or race W
6. (b) Name of husband or wife Wm. 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 9, 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 6 28 hr. min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER

12. Name Carl Wimmer

13. Birthplace Germany *4*
(City, town, or county) (State or foreign country)

14. Maiden name Sophie Radiens

15. Birthplace Germany *4*
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Nettie Schawacker

(b) Address 3437 Pennsylvania

17. (a) Burial (b) Date thereof Nov. 10, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Our Redeemer Luth. Cemetery

18. (a) Signature of funeral director BEIDERWIEDEN F.H. INC.

(b) Address 1936 St. Louis Avenue

19. (a) NOV 2 1947 (b) J. F. Brudack
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County o-o-d
(c) City or town St. Louis *17*
(If outside city or town limits, write "RURAL")
(d) Street No. 3437 Pennsylvania Avenue *9*
(If rural, give location) *0*
(e) Citizen of foreign country? No (Yes or No) *0*
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 7,
year 1947 hour 1 minute 00 A. M.

21. I hereby certify that I attended the deceased from
September 12, 1947 Nov. 7, 1947
that I last saw her alive on 11-7- 1947
and that death occurred on the date and hour stated above.

Immediate cause of death
MYOCARDITIS CHR.
HYPOTENSIVE PROTEINEMIA - EMACIATION
Due to FRACTURE OF FEMUR RT
(INTRACAPITULAR)

Duration
YRS
2 YOS
9/12/47

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.

21. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident *o-o-d*
(b) Date of occurrence September 12, 1947
(c) Where did injury occur? Her home
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
See Above

While at work NO (Specify type of place) (e) Means of injury Fall from chair

23. Signature [Signature] (M. D. or other) MD
Address 7838 So. Grand Date signed 11-7-47

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 Walter Paulson
Licensed Embalmer No. 4114
P. O. Address 1956 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.