No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 16 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3072
Registrar's No. 52

Registration District No. 318 Primary Registration District No. 1003

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 0
(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 Missouri (b) County 96
(c) City or town Clayton 2
(If outside city or town limits, write "RURAL")
(d) Street No. 6333 N. Rosebury 3
(If rural, give location)
(e) Citizen of foreign country? NR (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME LILLIE SCHWARZ
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife Julius Schwarz
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December (Month) 28 (Day) - 1868 (Year)

8. AGE:	Years	Months	Days	If less than one day
About	79	-	6	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation At home
11. Industry or business
FATHER
12. Name Ignatz Steiner
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)
MOTHER
14. Maiden name Marie Sicher
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)
16. (a) Informant Henry Steiner
(b) Address 6333 N. Rosebury
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-5-48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Sinai Cemetery
18. (a) Signature of funeral director [signature]
(b) Address 5216 Delmar Blvd.
19. (a) JAN 5 1948 (Date received local registrar) J. F. Breuch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 3
year 1948 hour 8 minute 38 a.m.
21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.
Immediate cause of death Fracture of left hip Arteriosclerosis when she fell to floor while getting out of bed at her home in Dec 19 1947 exact time unknown
Due to
Due to 186
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations 18
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) Accident
(b) Date of occurrence Dec 19 1947 100
(c) Where did injury occur? St Louis (City or town) (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home
(Specify type of place)
While at work? (e) Means of injury Bed
23. Signature Alfred Perry (M. D. or other) 3
Address Epsilon Coron Date signed 1/5/48

(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.....

Licensed Embalmer No. 3880

P. O. Address.....

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

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