No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15047

FILED APR 30 1948

Registration District No. 847

Primary Registration District No. 6076

Registrar's No. 925

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

2739 N. Grand
after 3 P.M.

1. PLACE OF DEATH:
(a) County Jennings St. Louis County
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Halls Ferry Memorial Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Months (Specify whether
In this community 85 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2614a University St 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Mrs. Charlotte Schwarze
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 widowed 2
6. (b) Name of husband or wife late John H. Schwarze
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June 23rd. 1862 (Month) (Day) (Year)

8. AGE: Years 85 Months 9 Days 23 If less than one day hr. min.

9. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Housework
11. Industry or business
FATHER
12. Name Rudolph Klute
13. Birthplace ermany 4 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Charlotte Klaus
15. Birthplace Germany 4 (City, town, or county) (State or foreign country)
16. (a) Informant Mr. Arthur H. Schwarze
(b) Address 4243 Holly Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-19-48 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery
18. (a) Signature of funeral director Hy. Leidner U. Co.
(b) Address 2223 St. Louis Ave.
19. (a) 4-19-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16th. year 1948 hour 2:45 PM. minute M.

21. I hereby certify that I attended the deceased from March 4th 1948, to April 16 1948 that I last saw her alive on April 16, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to —

Due to —

Other conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

Duration

PHYSICIAN

Underline the cause of 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 N. Shaver (M. D. or other)
Address Lindell Bank Bldg. Date signed 4-17-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

AUG 31 1948

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

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.