

FILED JUN 7 1948

Registrar's No.

4930

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

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
5370 Pershing
 (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)

3: (a) PRINT FULL NAME Bertha Schwegman3. (b) If veteran,
name war..... No3. (c) Social Security No.
None4. Sex Female 5. Color or race White 6. (a) Single, widowed, married,
divorced Single6. (b) Name of husband or wife..... Single 6. (c) Age of husband or wife if
alive Single years7. Birth date of deceased..... February 26, 1868
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
80 3 3 hr. min.9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business House work12. Name John Schwegman13. Birthplace Germany
(City, town, or county) (State or foreign country)14. Maiden name Unknown15. Birthplace Unknown
(City, town, or county) (State or foreign country)16. (a) Informant Miss Jennie Sporing(b) Address 5370 Pershing17. (a) Burial (b) Date thereof June 1 1948
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation St. Peter and Paul
Broschwig and Son Funeral Home(b) Address 4746 W. Florissant Ave.19. (a) MAY 30 1948 (b) J. F. Bredbeck
(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") 17
 (d) Street No. 5370 Pershing
 (If rural, give location) 9
12
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29
year 1948 hour 6:30 minute A. M.21. I hereby certify that I attended the deceased from August 1947
19....., to May 29, 19.....
that I last saw her alive on May 29, 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death

Cardiac collapseDue to Chronic Arterial Rheumatic
Chronic myocarditis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

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 D23. Signature J. F. Bredbeck (M. D. or other)Address 2621 J. Bredbeck Date signed 5/29/48

7-8
1001000000
Sta. 3588

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 Elmer R. Padwell

Licensed Embalmer No. 4077

P. O. Address _____

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.