V.S. No. 300
Rev. 10.48

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

22033

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3064 Registrar's No. 1433

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

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ferguson, Mo. 3
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Route 10, Old Florissant Road.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri
b. COUNTY 6 [illegible]
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 17
d. STREET ADDRESS (If rural, give location) 3220 Indiana 7

3. NAME OF DECEASED (Type or Print) a. (First) Ida b. (Middle) Hannah c. (Last) Schwarz

4. DATE OF DEATH (Month) June (Day) 14 (Year) 1949

5. SEX F
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2
8. DATE OF BIRTH June, 8, 1883
9. AGE (In years last birthday) 66 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) North Dakota
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Robert Koehler
13b. MOTHER'S MAIDEN NAME Louise Schroeder
14. NAME OF HUSBAND OR WIFE Bernhard Schwarz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. No
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Leo Klemenhagen, Battle Lake, Minn.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cause unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

7955
2066

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Theresa Lueninger (Degree or title) MD
23b. ADDRESS St. Louis County Health Dept.
23c. DATE SIGNED 6/17/49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE June, 18, 1949
24c. NAME OF CEMETERY OR CREMATORY N. St. Marcus Cemetery
24d. LOCATION (City, town, or county) (State) St. Louis County Missouri

DATE REC'D BY LOCAL REG. 6-17-49
REGISTRAR'S SIGNATURE Theresa Lueninger MD
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Witt Bros. L. & U. Co. 2929 S. Jefferson

(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 .....

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed D M Davis

Licensed Embalmer No. 3741

P. O. Address 2929 Jefferson

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.