

FILED JAN 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43299

State File No. _____

 BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 607P Registrar's No. 04815

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>ST LOUIS</u>		
b. CITY OR TOWN <u>CARSONVILLE</u>		c. LENGTH OF STAY (in this place) <u>4 Mo.</u>	c. CITY OR TOWN <u>OVERLAND</u>		16. 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>PENN NURSING HOME</u>			d. STREET ADDRESS (If rural, give location) <u>9555 LACKLAND</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>EMMA</u> b. (Middle) <u>SCHWAB</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>12-28-49</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 5 1883</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Days <u>5</u> Hours <u>53</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN Home</u>	11. BIRTHPLACE (State or foreign country) <u>OKAWVILLE ILL</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>JACOB JUENGER</u>		13b. MOTHER'S MAIDEN NAME <u>KATHERINE VAN PELT</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Florence Neal</u> ADDRESS <u>9555 Lackland</u>		

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic Carcinoma of lungs</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of the breast</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Metastases to liver, lungs, bone</u> Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (Min.)
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from Sept 15, 1949, to Dec 28, 1949, that I last saw the deceased alive on Dec 27, 1949, and that death occurred at 8:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Lewis Littmann MD</u>		23b. ADDRESS <u>8031 Chapin RD</u>		23c. DATE SIGNED <u>12/29/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>12/29/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ZION Cem</u>	24d. LOCATION (City, town, or county) (State) <u>ST LOUIS MO</u>	
DATE REC'D BY LOCAL REG. <u>12-29-49</u>	REGISTRAR'S SIGNATURE <u>Kerbert R. Donky</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. ORTMANN FUNERAL HOME</u> ADDRESS <u>OVERLAND MO</u>		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Al C. Outman

Licensed Embalmer No. 3478

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.