JUN 5 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

20967

791

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File No.

Registered No. 5168

1. PLACE OF DEATH

County

Township

City St. Louis (No. 5300, Arlington Ave. St. Ward)

Registration District No.

Primary Registration District No.

2. FULL NAME Frederick J. Schwenk,

(a) Residence, No. 5300 Arlington Ave. St., 7 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lydia Schwenk

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 10, 1861

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	75	4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. American Brake Co.

10. Date deceased last worked at this occupation (month and year) 10 years ago

11. Total time (years) spent in this occupation 39 years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) De Soto, Mo.

FATHER

13. NAME Karl Schwenk

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Wilhelmine Deuser

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs. Lydia Schwenk 5300 Arlington Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine Cem. DATE May 15, 1936

19. UNDERTAKER (ADDRESS) Wm. M. Schumacher 4834 Natural Bridge

20. FILED MAY 13 1936 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12, 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1934, to May 12, 1936

I last saw him alive on May 11, 1936 Death is said to have occurred on the date stated above, at 8:25P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
carcinoma esophagus	2 yea
46a	

Other contributory causes of importance:

metastatic carcinoma liver	18 hrs

Name of operation Date of

What test confirmed diagnosis? Lab Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Arthur Sundlacz, M. D.

(Address) 2202 University St.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

10CM-3-28-35