

SEP 29 1936

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

Do not use this space.

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1. PLACE OF DEATH

County St. Louis,
Township Bonhomme,
City (No. _____) _____

Registration District No. 785
Primary Registration District No. 6031

File No. 32203
Registered No. 103
St. _____ Ward _____

2. FULL NAME

Caroline Schwenck,

(a) Residence, No. Chesterfield, Mo. St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Married,</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED <u>HUSBAND OF</u> <u>St. Louis H. Schwenck,</u> (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 25, 1874.</u>		
7. AGE	YEARS <u>62</u>	MONTHS <u>5</u>
	DAYS <u>26</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife,</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Own home,</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Jan-1-1935</u>	11. Total time (years) spent in this occupation <u>37</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Co., Mo.</u>		
FATHER	13. NAME <u>John Schiller,</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany.</u>	
MOTHER	15. MAIDEN NAME <u>Henrietta Bunte,</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany.</u>	
17. INFORMANT (ADDRESS) <u>Mr. Leo Hill, Chesterfield, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bellefontaine, Mo.</u> DATE <u>8/24/36</u>		
19. UNDERTAKER (ADDRESS) <u>Waller, Mo.</u>		
20. FILED <u>8-24-1936</u> <u>Cyres C. Kelly</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 21, 1936

22. HEREBY CERTIFY, That I attended deceased from May 28th 1936, to Aug 21, 1936
I last saw her alive on Aug 21, 1936 Death is said to have occurred on the date stated above, at 6 P. M.
The principal cause of death and related causes of importance were as follows:
Sclerosis of Livers
12467
Other contributory causes of importance
Chronic Cholecystitis
Removal of Gallstones
Name of operation _____ Date of _____
What test confirmed diagnosis? Physiologic Was there an autopsy? _____
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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? No
If so, specify _____
(Signed) Walter F. Taylor, M. D.
(Address) 2800 - 9 - Taylor
Colfax - 6852

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.

1892

W. H. D. 1892