

FILED MAY 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

12556
2986

State File No. _____
Registrar's No. _____

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Missouri

(c) Name of hospital or institution: St. Anthony's Hospital
(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 Alice Schwaneck

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife F. W. Schwaneck

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 24, 1874
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>66</u>	<u>7</u>	<u>9</u>	hr. _____ min. _____

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business At Home

12. Name Peter Franey

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Bridget McHale

15. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. John Schwaneck

(b) Address 603 Bellerive

17. (a) Burial (b) Date thereof 4-5-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New S.S. Peter & Paul

18. (a) Signature of funeral director Leatherman Funeral Home

(b) Address 1322 Grand Blvd.

19. APR - 4 1941 (b) J. F. Bredeck
(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")

(d) Street No. 603 Bellerive
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2nd
year 1941 hour 10 minute _____ a. M.

21. I hereby certify that I attended the deceased from JUN 9 -, 1935, to 4-2 -, 1941;
that I last saw her alive on 4-2 -, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Endocarditis
Chronic Myocarditis
Chronic Interstitial Nephritis
border cirrhosis
Due to Secondary to Pyonephrosis + etc.
Due to Kidney 12 yrs. ago.

Duration
10yrs

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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 _____

23. Signature R. J. Strang MD (M. D. or other) MO

Address 4560 Virginia Date signed 4/5/41

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

0
1
9

Dr. Strang
4300 29th Office Riv. 3550
5218 24th Home Riv. 642

24 - 7:30 Tomorrow

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..... *Virgil L. Beranger*

Licensed Embalmer No. *4018*

P. O. Address..... *St. Louis Mo.*

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.