

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13174
State File No. 3604
Registrar's No.

FILED MAY 13 1941
791

Registration District No. Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(c) Name of hospital or institution: City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
In this community Birth
years, months or days

3. (a) PRINT FULL NAME August W. Schwindel

3. (b) If veteran, name war None 3. (c) Social Security No. 333-03-5278

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive 1878 years

7. Birth date of deceased April 3, 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 0 22 hr. min.

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

10. Usual occupation Retired

11. Industry or business

MOTHER FATHER { 12. Name Michael Schwindel
13. Birthplace Germany
14. Maiden name Johanna Repson
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Frederick Schwindel
(b) Address 3620 N. 9th St.

17. (a) Burial (b) Date thereof 4/28/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethany Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) APR 28 1941 (b) J. F. Repson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 926
(d) Street No. 3620 N. 9th St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? No 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25th
year 1941 hour 3:55 PM minute M.

21. I hereby certify that I attended the deceased from April
21, 1941 to April 25, 1941;
that I last saw him alive on April 25, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death General paralysis of the insane years

Due to 1/2
Due to 1/2

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 83
Of autopsy

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 0

23. Signature W. A. Carley (M. D. or other) 4/28/41
Address 1515 Lafayette Avenue Date signed

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *William G. Brubaker*

Licensed Embalmer No. *2115*

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.