

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

23607

State File No.

FILED AUG 28 1941

Registration District No. 791

Primary Registration District No.

Registrar's No. 5949

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town..... St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
5300 Arlington Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....

In this community..... 12 yrs. 0 (Specify whether
years, months or days)

3. (a) PRINT FULL NAME..... Lydia Schwenk

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..... Fred Schwenk

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

7. Birth date of deceased..... December 22, 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

78 6 29 hr. min.

9. Birthplace..... Prairie duRocher, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation..... Housework

11. Industry or business.....

MOTHER FATHER { 12. Name..... James Cunningham

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

14. Maiden name..... Jennie Dobbins

15. Birthplace..... Trenton, Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant..... Mrs. Laura Laughlin

(b) Address..... 5300 Arlington Ave. St. Louis, Mo.

17. (a) Burial (b) Date thereof July 22, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Bellefontaine Cemetery

18. (a) Signature of funeral director..... Wm. H. Schumacher

(b) Address..... 4834 Natural Bridge.

19. (a) JUL 21 1941 (b) J. H. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri

(b) County.....

(c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No..... 5300 Arlington Ave.
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... July day..... 20th,
year..... 1941 hour..... 8:30 minute..... A. M.

21. I hereby certify that I attended the deceased from..... July 14, 1941, to..... July 20, 1941;
that I last saw him alive on..... July 20, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death..... Septicemia
Cerebral Hemorrhage

Due to..... Several arteriosclerotic years

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations..... [Signature]

Of autopsy..... [Signature]

Duration
3 day

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..... [Signature] (M. D. or other) [Signature]

Address..... 220 [unclear] Date signed..... 7/21/41

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.....

John A. Melina....., Registered Apprentice No.....
working under my personal supervision.

Signed *John A. Melina*.....

Licensed Embalmer No. *4186*.....

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.