

No. 2
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K28390
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 9 1942

Registration District No. **784**

Primary Registration District No. **200**

1. PLACE OF DEATH:
(a) County **St. Louis.**
(b) City or town **Wellston.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6139 Page Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Life.** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **St. Louis**
(c) City or town **Wellston**
(If outside city or town limits, write "RURAL")
(d) Street No. **6139 Page Ave.**
(If rural, give location)
(e) Citizen of foreign country? **Yes.** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **DORA A. SCHWENCK.**
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 **Married**
6. (b) Name of husband or wife **John E. Schwenck.**
6. (c) Age of husband or wife if alive **70** years
7. Birth date of deceased **Sept. 9, 1877.**
(Month) (Day) (Year)

8. AGE:
Years **64** Months **3** Days **14**
If less than one day _____ hr. _____ min.

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

10. Usual occupation **Housewife.**

11. Industry or business _____

MOTHER FATHER
12. Name **John Hill.**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Louise Kramer**
15. Birthplace **Germany.**
(City, town, or county) (State or foreign country)

16. (a) Informant **William E. Schwenck.**
(b) Address **6139 Page Ave.**

17. (a) **Burial** (b) Date thereof **12-26-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Peters Cemetery**
Geo. L. Pleitsch Inc.

18. (a) Signature of funeral director _____
(b) Address **5966 Easton Ave.**

19. (a) **DEC 23 1941** (Date received local registration)
[Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **23**
year **1941** hour **9:45** minute **A** M.

21. I hereby certify that I attended the deceased from **December 6th** 19**41** to **December 23rd** 19**41**
and that death occurred on the date and hour stated above.
that I last saw her alive on **12/20/41**, 19**41**

Immediate cause of death **Coronary Thrombosis** Duration **1 day**
Due to **7 hyper-tension chronic** **5 yrs.**
Due to **Chronic Myocarditis**

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

Major findings: **[Signature]**
Of operations _____
Of autopsy _____
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 **John G. Koenig** (M. D. or other) **[Signature]**
Address **16677 St. Louis** Date signed **12/23/41**

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FEB 16 1972

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 0454

David C. Gibson..... Registered Apprentice No.....

working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 5966 Easton St

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.