

FILED AUG 3 1942

Registration District No. 154

Primary Registration District No. 200

Registrar's No. 1611

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 8471 - Backland Rd.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 12 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) county St. Louis

(c) City or town Overland
(If outside city or town limits, write "RURAL")

(d) Street No. 8471 - Backland Rd.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME EDWIN SCHWENCK

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Florence 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Sep. 9 1885
(Month) (Day) (Year)

8. AGE: Years 60 Months 10 Days 19 If less than one day _____ hr. _____ min.

9. Birthplace Chesterfield Mo
(City, town, or county) (State or foreign country)

10. Usual occupation re-farmer

11. Industry or business _____

12. Name Jacob Schwencck

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

14. Maiden name Ellis

15. Birthplace Chesterfield Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Florence Schwencck

(b) Address 8471 Backland Overland Mo

17. (a) Burial (b) Date thereof 7-31-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Johns Ev. Church

18. (a) Signature of funeral director St. John's Ev. Church

(b) Address 2504 Woodson Overland Mo

19. (a) JUL 29 1942 (b) J. M. C. Larson
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28
year 1942 hour 6 minute 20 P. M.

21. I hereby certify that I attended the deceased from About
_____ 1936 to _____ 1941
that I last saw him alive on May _____ 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure
Due to Chronic myocarditis

Duration seconds

3 yrs

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

Other conditions (include pregnancy within 3 months of death) 93d

Major findings: Of operations _____

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) (b) Means of injury _____

23. Signature Paul R. Whitner (M. D. or other) M.D.
Address 8423 Midland, Overland Mo Date signed 7-29-1942

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

96
15
1

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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address. Overland 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.

3291 5-1-200