

FILED DEC 22 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10986

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:
St. Anthony's Hospital 0
(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 Ferd. A. Schwind

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

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

7. Birth date of deceased Sept. 21, 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 2 18 _____ hr. _____ min.

9. Birthplace St. Louis Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Painter

11. Industry or business _____

MOTHER FATHER { 12. Name Charles Schwind

13. Birthplace St. Louis Missouri 0
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Berling

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

16. (a) Informant Mrs. Mary Schwind

(b) Address 3949 S. Grand Bl.

17. (a) Burial (b) Date thereof Dec. 13, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cm.

18. (a) Signature of funeral director Weick Bros.

(b) Address 2201 S. Grand Bl.

19. (a) DEC 13 1943 (b) J. F. Bredbeck
(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. 3949 S. Grand Bl.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 9
 year 1943 hour 8 minute 0 A. M.

21. I hereby certify that I attended the deceased from Dec 1929, 1929 to Dec 9, 1943
 that I last saw him alive on Dec 9, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis 18 months
Chronic Bronchial Catarrh 4 years
Chronic Intestinal Nephritis 12 months

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 Albert F. Bredbeck (M. D. or other) _____
 Address 1841 212th Date signed 12/14/43

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

1/28/52

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 1/28/52
Wm. A. Dewar
.....
Licensed Embalmer No. 3722.....

P. O. Address 412 Duchouquette 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.