

FILED MAY 15 1948

Registration District No. 1531948

Primary Registration District No. 1003

Registrar's No. 4187

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. Louis City Hospital
(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 JANE M. SCHWENDENER

3. (b) If veteran, name war none 3. (c) Social Security No. None

4. Sex female / race white 5. Color or race white
6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife Harry G. Schwendener 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased March 23 1898
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 1 12 hr. min.

9. Birthplace Davenport Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business.....

MOTHER FATHER { 12. Name John Hinzle

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

14. Maiden name Elizabeth Randall

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

16. (a) Informant Harry G. Schwendener

(b) Address 245 Union Avenue, St. Louis

17. (a) removal (b) Date thereof 5-7-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Peoria, Illinois

18. (a) Signature of funeral director C. R. Lupton & Sons

(b) Address 7233 Delmar Blvd., St. Louis

19. (a) MAY 5 1948 (b) J. Thredwell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County CO
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 245 Union Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4th
year 1944 hour 6:30 minute P. M.

21. I hereby certify that I attended the deceased from late June
1943 to May 4 1944
that I last saw her alive on May 4 1944
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral accident 1 day
of hyperextension over
eyes
Due to.....
Due to.....

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

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) (e) Means of injury.....

23. Signature J. Campbell (M. D. or other) MD

Address 5427 Delmar Date signed 5-5-44

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

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17
9

Dr. Thomas C. Campbell
5427 Delmar Blvd.,
FO-0392
Hours 1-2:30 P.M.

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 Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address University City, 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.