S. No. 2
M—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 13 1944

Registration District No. 61

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Dr Marder

State File No. 28093

Primary Registration District No. 5594

Registrar's No. 16-34

1. PLACE OF DEATH:

(a) County Jefferson, Meramec Twp

(b) City or town Rural, ~~Eureka, Mo. RR~~
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Joseph Hill Infirmary 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 11 Months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jefferson, 5

(c) City or town Rural. (Eureka, Mo. R.R.) 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Frank C Schwenk, (Schwenk)

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widower,

6. (b) Name of husband or wife Elizabeth Schwenk,

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

7. Birth date of deceased Mar. (Month) 8, (Day) 1860 (Year)

8. AGE:

Years	Months	Days	If less than one day
84	5	20	..... hr. ..... min.

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

10. Usual occupation Farmer, (Retired)

11. Industry or business Own farm

FATHER
12. Name ------ Schwenk,
13. Birthplace ..... (City, town, or county) Germany 0 (State or foreign country)

MOTHER
14. Maiden name Unknown,
15. Birthplace ..... (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Henry J. Schwenk,
(b) Address 7631 Rosedale, St. Louis, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. (Month) 30, (Day) 44 (Year)
(c) Place: burial ~~or cremation~~ City Cem. Pacific, Mo.

18. (a) Signature of funeral director Schrader Funeral Home,
(b) Address Ballwin, Mo.

19. (a) 29 Aug 1944 (Date received local registrar) (b) J A Townsend (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 28
year 1944 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from Oct. 1943, to Aug. 1944;
that I last saw him alive on Aug. 20, 1944;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion,	
Due to Arterio sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

97

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature John L. Marder MD (M. D. or other)

Address 3155 No Vandeventer Date signed

(Licensed Embalmer's Statement on Reverse Side)

380

RECEIVED
District Health Officer No. 9
District File Number
Date Filed 9-12-44

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 Theo. Schrader

Licensed Embalmer No. 3066

P. O. Address Ballwin 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.