

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 15 1944
Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. 1003

36394
State File No.
Registrar's No. 10392

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

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:
Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 2 Days
(Specify whether
In this community 29 years
years, months or days)

3. (a) PRINT FULL NAME Dr. Lafe Henry Schwenker
3. (b) If veteran, name war World War No. 1
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 Clara E. Schwenker
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased May 24, 1891
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
53 6 10 hr. min.

9. Birthplace New Haven, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Chiropractor

11. Industry or business

12. Name August Schwenker
13. Birthplace New Haven, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Marie Kappelmann
15. Birthplace New Haven, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Clara E. Schwenker
(b) Address 3522 Arsenal

17. (a) Burial (b) Date thereof Dec. 7, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Beiderwieden F. H., Inc.
(b) Address 1936 St. Louis Avenue

19. (a) DEC 6 1944 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County MOO
(c) City or town St. Louis 17 16
(If outside city or town limits, write "RURAL")
(d) Street No. 3522 Arsenal
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ---

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 4
year 1944 hour 3 minute 10 P.M.
21. I hereby certify that I attended the deceased from Apr 27, 1940 to Dec 4, 1944
that I last saw him alive on Dec 4, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death
Carcinoma
of the adrenal glands - 820
Due to metastases from
carcinoma of lip (cured) 4/2/40
Due to Primary site lip.
Other conditions 45-a
(Include pregnancy within 3 months of death)

Major findings:
Of operations 45-a
Of autopsy

Duration
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?

(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. F. Bredbeck (M. D. or public)
Address 2646 Palmetto Date signed 12/7/44

Dr. E. W. Spingig
2646 Patomas
9: - 12:50

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.....

Licensed Embalmer No.....

P. O. Address.....

3737
936 St. Louis

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.