

FILED FEB 18 1946

STANDARD CERTIFICATE OF DEATH.

State File No.

Registration District No. 317

Primary Registration District No. 2002

Registrar's No. 393

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town University City  
(c) Name of hospital or institution: 6715 Crest Avenue.  
(d) Length of stay: In hospital or institution.....  
In this community.....  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town University City  
(d) Street No. 6715 Crest Avenue.  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Margareth Schwankhaus.

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Rudolph Schwankhaus. 6. (c) Age of husband or wife if alive 91 years  
7. Birth date of deceased August 3, 1860.  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February, day 12th.  
year 1946 hour 4 minute 45 P.M.  
21. I hereby certify that I attended the deceased from Jan 15, 1944 to Feb 12, 1946  
that I last saw him alive on Feb 12, 1946  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
85 6 9 hr. min.

Immediate cause of death chronic myocarditis Duration 5yr.  
Due to 93d  
Due to  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations  
Of autopsy

9. Birthplace Washington County, Illinois.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Henry Bohlken.  
13. Birthplace Germany.  
14. Maiden name Aina Entler.  
15. Birthplace Germany.

MOTHER FATHER

16. (a) Informant Mr. John H. Schwankhaus.  
(b) Address 5475 Cabanne Avenue.

17. (a) Burial (b) Date thereof 2-15-1946.  
(c) Place: burial or cremation Mt. Lebanon Cemetery.

18. (a) Signature of funeral director Geo. J. Pleitsch, Inc.  
(b) Address 5966-68 Easton Avenue.

19. (a) 2-15-46 (b) G. M. Gervaux  
(Date received local registrar) (Registrar's signature)

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) 1  
(a) Means of injury 1  
23. Signature Guth (M. D. or other) M.D.  
Address 1184 Hadisanna Date signed 2-13-46

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Dr.O.O.White.  
1194 Hodiament Avenue.  
Hours 2 to 5 P.M.  
Cabanny 8755

---

---

**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 Clement M. Quay  
Licensed Embalmer No. 3732  
P. O. Address 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.**