

U. S. No. 2
FORM—5-43
Rev. 5-17-39
I X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7921**
Registrar's No. **1324**

FILED FEB 29 1946

Registration District No. _____ Primary Registration District No. **1003**

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:
Missouri Baptist Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 Days
(Specify whether _____)

In this community 20 years
years, months or days

3. (a) PRINT FULL NAME FRITZ J. SCHWANDER

3. (b) If veteran, name war None

3. (c) Social Security No. 490-22-5002

4. Sex Male O

5. Color or race White

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

6. (b) Name of husband or wife Caroline M. (nee Volkening)

6. (c) Age of husband or wife if _____ years 49

7. Birth date of deceased December 22, 1895
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>50</u>	<u>1</u>	<u>15</u>	_____hr. _____min.

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

10. Usual occupation Sand Blaster

11. Industry or business Heine Boiler Works

12. Name John Schwander

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

14. Maiden name Not known

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

16. (a) Informant Mrs. Caroline Schwander

(b) Address 4910a North Broadway

17. (a) (Burial, cremation, or removal) Burial **(b) Date thereof** 2/11/46
(Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math. Hermann & Son

(b) Address 2161 East Fair Avenue

19. (a) FEB 8 1946 **(b)** [Signature]
(Data 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. 4910a North Broadway
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 00-
9/7
2
0

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 6
year 1946 hour 5:15 minute _____ M.

21. I hereby certify that I attended the deceased from Feb. 1, 1946 to Feb. 6, 1946
that I last saw him alive on Feb. 6, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Embolic cardiac disease

Due to Hyperlipidemia
and arteriosclerosis

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 [Signature] M. D. or other _____

Address 1918 Edgemoor Date signed _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

(Licensed Emballer's Statement on Reverse Side)

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

6871

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 *William G. Burkholz*
Licensed Embalmer No. *2110*
P. O. Address *St. Louis 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.