No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 29 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 19349

Registrar's No. 5039

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: 4846 Leduc St.
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 6 4846 Leduc 1
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Engelhard Schworm

3. (b) If veteran, name war

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 Wilhelmina Schworm

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Mar (Month) 20 (Day) 1872 (Year)

8. AGE: Years 75 Months 1 Days 27 If less than one day hr. min.

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

10. Usual occupation Stone Cutter

11. Industry or business Retired

FATHER
12. Name Simon Schworm
13. Birthplace (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant Wilhelmina Schworm
(b) Address 4846 Leduc St.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5-20-47 (Month) (Day) (Year)
(c) Place: burial or cremation Sun Set

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.

19. (a) MAY 20 1947 (Date received local registrar) (b) J. F. Brenck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17
year 1947 hour 11 minute 05 A M.

21. I hereby certify that I attended the deceased from May 2/47, 19 to May 11, 1947
that I last saw him alive on May 11, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Occlusion — Duration 1 day
Arteriosclerosis — 9 da
Due to Mitral Regurgitation — 9 dis
Due to
Other conditions (Include pregnancy within 3 months of death) 92

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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) 0
While at work (e) Means of injury

23. Signature B. F. Hengel (M. D. or other) 5/20/47
Address 1875 Modena Date signed

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

9-1030

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 Warren P. Carver

Licensed Embalmer No. 3534

P. O. Address.....

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.