S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23010

Registrar's District No. FILED JUL 25 1947

Primary Registration District No. 6076

Registrar's No. 1391

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: 8100 Watson Rd. Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis
(c) City or town: Webster Groves, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No.: 527 Ashbury Ct.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Vernon E. Schwend
3. (b) If veteran, name war: WW II
3. (c) Social Security No.: 3738-7560
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: August 29, 1921 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
25	9	29	hr. min.

9. Birthplace: St. Louis (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Salesman
11. Industry or business: Bader Art Supply Co.
FATHER
12. Name: John E. Schwend
13. Birthplace: Highland (City, town, or county) Ill. (State or foreign country)
MOTHER
14. Maiden name: Helen Bartholme
15. Birthplace: St. Louis (City, town, or county) Mo (State or foreign country)
16. (a) Informant: John E. Schwend
(b) Address: 527 Ashbury Ct. Webster Gro. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 1, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: New St. Marcus Cem
18. (a) Signature of funeral director: C. Hoffmeister Colonial Mortuary
(b) Address: 6464 Chippewa St.
19. (a) 6-30-47 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28 year 1947 hour 1 minute 10 P.M.
21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: skull fracture and brain injuries when struck by a tractor and trailer, while pushing an automobile on Highway 66.

Due to:

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations:

Duration

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): Accident
(b) Date of occurrence: June 28th, 1947
(c) Where did injury occur? St. Louis County, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public road (Specify type of place)
While at work? (e) Means of injury: Blunt impact
23. Signature: Arnold J. Wellmann Coroner
Address: Clayton, Mo. Date signed: 6/30/47

(Licensed Embalmer's Statement on Reverse Side)

Jefferson City Printing Co.

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

96 0 0 1 0 0 9

ck 504

MAY 26 1948

JUL 16 1947

AUG 1 1947

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.....Rex Campbell.....

Licensed Embalmer No.....3881.....

P. O. Address....4355.....Washington

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.