FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 26 1948
Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18005
Registrar's No. 4642

Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County
(b) City or town Saint Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5003 Durant Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 0-00
(c) City or town Saint Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5003 Durant Avenue 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Henry L. Schwalbe
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Helen M. Schwalbe
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased April 19th, 1891 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
57	0	29	hr. min.

9. Birthplace Saint Louis, Missouri 0
(City, town, or county) (State or foreign country)
10. Usual occupation Hardware Salesman
11. Industry or business Melcher-Schene Hardware Co.
FATHER
12. Name August Schalbe
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Anna Mollenbrock
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Helen Schwalbe
(b) Address 5003 Durant Avenue
17. (a) Burial (b) Date thereof 5/21/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Calvin F. Feutz
(b) Address 4828 Natural Bridge Blvd.
19. (a) MAY 19 1948 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18th
year 1948 hour 9 minute 15 A.M.
21. I hereby certify that I attended the deceased from 12-13-48
19 to 5-18-48 19
that I last saw him alive on 4-27-48 19
and that death occurred on the date and hour stated above.

Immediate cause of death chronic myocarditis
Due to
Due to
Other conditions none
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration: Dont know

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)
While at work? (e) Means of injury 0
Signature Walter H. Spoeneman M.D.
Address 5063 St Louis Date signed 5-18-48

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

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

7 to 8 P. M. except Wednesdays

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 John A. Mlinar

Licensed Embalmer No. 4186

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.