

FILED JAN 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
318

1003

State File No.

42953

Registrar's No. 11341

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis, township)		a. STATE Missouri	b. COUNTY
c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5429 Maple avenue		d. STREET ADDRESS (If rural, give location) 5429 Maple avenue	

3. NAME OF DECEASED (Type or Print)	a. (First) Elizabeth	b. (Middle)	c. (Last) Schwinbeck	4. DATE OF DEATH (Month) (Day) (Year) Dec. 31 1949
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow	8. DATE OF BIRTH Sept. 17, 1866	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months 3	IF UNDER 24 HRS. Days 14
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) Brooklyn, New York	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John West	13b. MOTHER'S MAIDEN NAME Alta Street	14. NAME OF HUSBAND OR WIFE Joseph Schwindbeck
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME D. B. Marker	ADDRESS 5429 Maple ave
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH Sudden
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive heart disease		
	DUE TO (c) Semility		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 93
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4201
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22. I hereby certify that I attended the deceased from Dec 30, 1949, to Dec. 31, 1949, that I last saw the deceased alive on Dec 30, 1949, and that death occurred at 9 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. B. Zanetti M.D.	23b. ADDRESS 5427 Delmar	23c. DATE SIGNED 12-31-49.
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24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE Jan 1, 1950	24c. NAME OF CEMETERY OR CREMATORY Mt Holly	24d. LOCATION (City, town, or county) (State) New Jersey
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DATE REC'D BY LOCAL REG. JAN 3 1950	REGISTRAR'S SIGNATURE J. L. Sessler	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS A. How Lull Co 2701 N. Grand Blvd
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

11371

JUL 24 1950

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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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Stanley H. Dixon*

Licensed Embalmer No. *4193*

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.