

FILED NOV 3 1950

STANDARD CERTIFICATE OF DEATH

State File No. **35317**

BIRTH NO. _____ REG. DIST. NO. **48** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9128**

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**
 c. LENGTH OF STAY (In this place) **41 yrs.**
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **4940 Union Blvd.**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE **Mo.** b. COUNTY _____
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**
 d. STREET ADDRESS (If rural, give location) **4940 Union Blvd.**

3. NAME OF DECEASED
 a. (First) **Frank** b. (Middle) **---** c. (Last) **Schwalke**
 4. DATE OF DEATH (Month) (Day) (Year) **Oct. 25 1950**

5. SEX **male** **6. COLOR OR RACE** **white** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)** **widowed 2**
8. DATE OF BIRTH **Nov. 29 1848** **9. AGE** (In years last birthday) **101** **# UNDER 1 YEAR** **# UNDER 1 WEEK**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Dairyman** **10b. KIND OF BUSINESS OR INDUSTRY** **Retired** **11. BIRTHPLACE** (State or foreign country) **Germany** **12. CITIZEN OF WHAT COUNTRY?** _____

13a. FATHER'S NAME **Unknown** **13b. MOTHER'S MAIDEN NAME** **Unknown** **14. NAME OF HUSBAND OR WIFE** **Mary Schwalke**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **no** **16. SOCIAL SECURITY NO.** _____ **17. INFORMANT'S SIGNATURE OR NAME** **Fred Schwalke** **ADDRESS** **4940 Union Blvd.**

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, asthma, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **arteriosclerosis**
ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) _____
 DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
Don't know

19a. DATE OF OPERATION _____ **19b. MAJOR FINDINGS OF OPERATION** _____ **20. AUTOPSY?** YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **no** **21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ **21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)** _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ **21e. INJURY OCCURRED** WHILE AT WORK NOT WHILE AT WORK **21f. HOW DID INJURY OCCUR?** **4500**

22. I hereby certify that I attended the deceased from **Sept 15, 1950**, to **Oct 25, 1950**, that I last saw the deceased alive on **Oct 24, 1950**, and that death occurred at **8 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **R. R. Minniew, M.D.** **23b. ADDRESS** **5330 Geraldine Ave** **23c. DATE SIGNED** **10/26/50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **burial** **24b. DATE** **10/28/50** **24c. NAME OF CEMETERY OR CREMATORY** **Calvary Cemetery** **24d. LOCATION (City; town, or county) (State)** **St. Louis - Mo.**

DATE REC'D BY LOCAL REG. **OCT 27 1950** **REGISTRAR'S SIGNATURE** **J. B. Basster** **25. FUNERAL DIRECTOR'S SIGNATURE** **Drehmann-Harral** **ADDRESS** **1905 Union Blvd.**

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

Dr. R. R. Menown;
5330 Geraldine Ave.

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Albert R. Thompson

Signed.....
Student Embalmer

Licensed Embalmer No. *421187*

P. O. Address *H. Davis*

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.