

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14769**
3450

FILED APR 25 1952

BIRTH NO. **6167** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3450**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) Jackson 0480	
c. LENGTH OF STAY (in this place) 3 days		d. STREET ADDRESS (If rural, give location) RR #3	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Children's Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) KENNETH b. (Middle) OTTO c. (Last) SCHWAB			4. DATE OF DEATH (Month) (Day) (Year) 4-11-52		
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5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH 2-21-52		9. AGE (In years last birthday) 13 mos		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country) Cape Girardeau, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME Otto S. Schwab			13b. MOTHER'S MAIDEN NAME Clair M. Sisters			14. NAME OF HUSBAND OR WIFE					
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME J. King Highway ADDRESS 7544							
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation										INTERVAL BETWEEN ONSET AND DEATH	
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*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION										20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)					
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 5:35 AM 1952				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
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22. I hereby certify that I attended the deceased from **4-8**, 19**52**, to **4-11**, 19**52**, that I last saw the deceased alive on **4-11**, 19**52** and that death occurred at **2:30** p.m., from the causes and on the date stated above.

23a. SIGNATURE Dr. F. Shuman MD (Degree or title)				23b. ADDRESS 500 So Kingshighway				23c. DATE SIGNED 4-12-52			
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24a. BURIAL, CREMATION, REMOVAL (Specify) <input checked="" type="checkbox"/>		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY Russell Heights Jackson Missouri				24d. LOCATION (City, town, or county) (State)			
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DATE REC'D BY LOCAL REG. APR 12 1952		REGISTRAR'S SIGNATURE J. Earl Smith MD				25. FUNERAL DIRECTOR'S SIGNATURE Macke-Wilson-Howard Inc. ADDRESS Jackson, Mo.					
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 6 1952

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

W E Morris

Signed.....

Student Embalmer

Licensed Embalmer No. 3360

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.