

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22620**  
Registrar's No. **5080**

**JUN 27 1952**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>5080</b>	
1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS, MO.</b>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		<b>2239</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>mo Pacific</b>				d. STREET ADDRESS (If rural, give location) <b>23 2818 Henrietta St</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b> b. (Middle) <b>Michael</b> c. (Last) <b>Schwab</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 2 1952</b>				
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED 1</b>	8. DATE OF BIRTH <b>JAN 10 - 1895</b>		9. AGE (In years last birthday) <b>67</b>	10. MONTHS <b>5</b>	11. DAYS <b>22</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Switchman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Terminal R.R. Assn</b>		11. BIRTHPLACE (State or foreign country) <b>Blue Mound, Ill.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Henry Schwab</b>		13b. MOTHER'S MAIDEN NAME <b>Adelaide Mullen</b>		14. NAME OF HUSBAND OR WIFE <b>Lillian Blanche Adair Richard</b> son			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>702-12-6225</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Wm Schwab</b> ADDRESS <b>2818 Henrietta St</b>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Crownary Heart Disease</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinoma Rectum</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
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		<b>154X</b>	
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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>47</b>			
22. I hereby certify that I attended the deceased from <b>27 May, 1952</b> to <b>2 June, 1952</b> , that I last saw the deceased alive on <b>2 June, 1952</b> and that death occurred at <b>7:30 P. M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>J. J. Naryka</b> (Degree or title) <b>M.D.</b>				23b. ADDRESS <b>Dr. J. J. Naryka</b>		23c. DATE SIGNED <b>3 June 52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>6/4/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Forest Hills Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City Missouri</b>		
DATE RECORDED LOCAL REG. <b>JUN 3 1952</b>		REGISTRAR'S SIGNATURE <b>Carl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Ambruster Mortuary</b> ADDRESS <b>6633 Clayton Road</b>			

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

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

*Ernest W. Spillers*

Signed.....

Student Embalmer

Licensed Embalmer No. *14080*

P. O. Address.....

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.