

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 33873

FILED SEP 19 1952

BIRTH NO. _____		REG. DIST. NO. 319		PRIMARY REG. DIST. NO. 4469		Registrar's No. 49	
1. PLACE OF DEATH a. COUNTY STE. GENEVIEVE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY STE. GENEVIEVE			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN STE. GENEVIEVE		c. LENGTH OF STAY (in this place) 7422		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN STE. GENEVIEVE 0951			
d. FULL NAME OF HOSPITAL OR INSTITUTION 798 LA PORTE ST				d. STREET ADDRESS (If rural, give location) 798 LA PORTE ST.			
3. NAME OF DECEASED a. (First) CAROLINE			b. (Middle) SCHWENT		c. (Last) SCHWENT		
4. DATE OF DEATH SEPT 13 1952		5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH OCT 1 1878		9. AGE (In years last birthday) 73		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) WEINGARTEN MO				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME CHARLES WEIKER		13b. MOTHER'S MAIDEN NAME KATHERINE REHM		14. NAME OF HUSBAND OR WIFE FRANK L. SCHWENT			
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 Frank L. Schwent etc. Genevieve Mo			
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) Arterio-sclerosis with Hypertension				INTERVAL BETWEEN ONSET AND DEATH 10 yrs	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last... DUE TO (b) Cerebral Apoplexy				4 yrs.	
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 352X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 1942, to Sept. 13, 1952, that I last saw the deceased alive on Sept. 12, 1952, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE Arthur E. Schuman M.D. (Degree or title)				23b. ADDRESS 566 Genevieve Mo		23c. DATE SIGNED 9-14-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE SEPT 15 1952		24c. NAME OF CEMETERY OR CREMATORY VALLE SPRING Cem.		24d. LOCATION (City, town, or county) (State) STE. GENEVIEVE MO	
DATE REC'D BY LOCAL REG. 9-15-52		REGISTRAR'S SIGNATURE Theresa M. Nail Sep		25. FUNERAL DIRECTOR'S SIGNATURE Resc. Schwanke		ADDRESS Genevieve Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 25 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed

*Alvin J. Eller*

Licensed Embalmer No. 4740

P. O. Address St. Genevieve, 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.