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FILED JAN 12 1953

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

4419

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6079 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>STE. GENEVIEVE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>STE. GENEVIEVE</u>	
b. CITY OR TOWN <u>RURAL STE. GENEVIEVE</u> c. LENGTH OF STAY (in this place) <u>LIFE</u>		c. CITY OR TOWN <u>RURAL STE. GENEVIEVE 0950</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>STE. GENEVIEVE RRA 2</u>		d. STREET ADDRESS (If rural, give location) <u>RRA 2 STE. GENEVIEVE</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANK</u> b. (Middle) <u>XAVIER</u> c. (Last) <u>SCHWENT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 7 1953</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>AUG 18 1868</u>	9. AGE (In years last birthday) <u>84</u>	# UNDER 1 YEAR Months   # UNDER 1 YEAR Days   # UNDER 1 YEAR Hours   # UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>ZELL MO</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>LAWRENCE SCHWENT</u>		13b. MOTHER'S MAIDEN NAME <u>JOSEPHINE ECKHARTS</u>		14. NAME OF HUSBAND OR WIFE <u>JUSTINE M. MORICE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Justine M. Morice Ste. Genevieve Mo RRA 2</u> ADDRESS	

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio-Sclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u>		
	DUE TO (c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4221</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)		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 \_\_\_\_\_, 1943, to Jan 7, 1953, that I last saw the deceased alive on Jan 6, 1953, and that death occurred at 12:30A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Arthur E. Sawyer M.D.</u> (Degree or title)		23b. ADDRESS <u>Ste. Genevieve Mo</u>		23c. DATE SIGNED <u>1-8-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JAN 9 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST PAULOMENA</u>		24d. LOCATION (City, town, or county) (State) <u>BLOOMSBURG MO</u>	
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DATE REC'D BY LOCAL REG. <u>Jan. 8, 1953</u>		REGISTRAR'S SIGNATURE <u>Aville Barber</u> <u>481-0</u> Reg.		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. C. Barber Ste. Genevieve Mo</u> ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

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

working under my personal supervision.

Student .....

Student Embalmer

Signed

*Adrian J. Ehler*

Licensed Embalmer No. 4740

P. O. Address Ste. Genevieve

**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.