

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16706

State File No.

FILED MAY 4 1953

BIRTH NO. _____		REG. DIST. NO. <u>319</u>		PRIMARY REG. DIST. NO. <u>6079</u>		Registrar's No. <u>35</u>	
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 T.S.</u>		c. LENGTH OF STAY (in this place) <u>LIFE</u>		c. CITY OR TOWN <u>RURAL STE. GENEVIEVE T.S.</u>		d. STREET ADDRESS (If rural, give location) <u>0950 WEINGARTEN MO RR#1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>WEINGARTEN MO RR#1</u>		3. NAME OF DECEASED a. (First) <u>MARY</u> b. (Middle) <u>EMILY</u> c. (Last) <u>SCHWENT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 1 1953</u>			
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>DEC. 12 1871</u>	
9. AGE (in years last birthday) <u>82</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>BLOOMSDALE MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>CYRIL CALLIOTTE</u>		13b. MOTHER'S MAIDEN NAME <u>CLARA MAURICE</u>		14. NAME OF HUSBAND OR WIFE <u>DANIEL SCHWENT</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Albert Schwent Weingarten Mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute cardiac dilatative polyartery sclerosis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Arteriohypertensive</u> DUE TO (c) <u>Arterio sclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>None</u>	
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</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 <u>April 18, 1953</u> , to <u>May 1, 1953</u> , that I last saw the deceased alive on <u>April 30, 1953</u> , and that death occurred at <u>10:15 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Albert Schwent MD</u> (Degree or title)				23b. ADDRESS <u>St. Genevieve Mo</u>		23c. DATE SIGNED <u>5-1-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>MAY 4 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LADY HELP OF CHRISTIANS WEINGARTEN</u>		24d. LOCATION (City, town, or county) (State) <u>MO</u>	
DATE REC'D BY LOCAL REG. <u>May 1, 1953</u>		REGISTRAR'S SIGNATURE <u>Louella Basler</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. C. Basler</u>		ADDRESS <u>St. Genevieve Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

950
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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.