

FILED OCT 29 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37584

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 9948	
1. PLACE OF DEATH a. COUNTY 4630 Idaho, St. Louis, Mo.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2159	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4630 Idaho				d. STREET ADDRESS (If rural, give location) 15 4630 Idaho			
3. NAME OF DECEASED (Type or Print) a. (First) George			b. (Middle) O.		c. (Last) Schwendinger		4. DATE OF DEATH (Month) (Day) (Year) 10 16 1953
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 10, 1892		9. AGE (in years last birthday) 61	IF UNDER 1 YEAR Months 8	IF UNDER 1 HR. Hours 6
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Printing Pressman		10b. KIND OF BUSINESS OR INDUSTRY Printing		11. BIRTHPLACE (City and State or Foreign Country) 0 Oakville, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Robert Schwendinger			13b. MOTHER'S MAIDEN NAME Louise Hoffmann		14. NAME OF HUSBAND OR WIFE Hazel Schwendinger		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hazel Schwendinger 4630 Idaho			
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>Cerebral apoplexy</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerotic heart disease</u> 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 <u>3 months</u>  <u>1 year</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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  4200			
22. I hereby certify that I attended the deceased from 7-16 1953, 10-10-16 1953, that I last saw the deceased alive on 10-16 1953, and that death occurred at 9:15 P. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>John Deuel M.D.</u>				23b. ADDRESS 2840 S. California		23c. DATE SIGNED OCT 19 1953	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 19, 1953	24c. NAME OF CEMETERY OR CREMATORY Park Lawn Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		
DATE REC'D BY LOCAL REG. OCT 19 1953		REGISTRAR'S SIGNATURE <u>Wm. Schumacher</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm. Schumacher 3013 Meramec			

(Licensed Embalmer's Statement on Reverse Side)

FILE PLEASED - USING UNFADING BLACK INK - MAKE A PERMANENT RECORD

