

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **38706**

FILED NOV 23 1953

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 193

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington</u>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Villa Ridge</u>	2360
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>Villa Ridge</u>	0
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward</u> b. (Middle) <u>Schwentker</u> c. (Last) <u>Schwentker</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 14, 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>June 8 - 1885</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Bookbinder</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	9. AGE (In years last birthday) <u>68</u> # UNDER 1 YEAR Months TEAR Days # UNDER 1 HR. Hours Min.
11. BIRTHPLACE (State or foreign country) <u>Parkville Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Rud Schwentker</u>		13b. MOTHER'S MAIDEN NAME <u>Kate Baumgardner</u>	
14. NAME OF HUSBAND OR WIFE <u>Emily Schwentker</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. <u>493-10-1083</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Emily Schwentker</u>		ADDRESS <u>Villa Ridge, Mo.</u>	
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) <u>arterio Sclerotic Cardio Vascular Disease</u> INTERVAL BETWEEN ONSET AND DEATH <u>6 Mo</u> ANTECEDENT CAUSES <u>Disease</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <u>4221</u>	
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?			
22. I hereby certify that I attended the deceased from <u>3-20</u> , 19 <u>53</u> , to <u>11-14</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>11-14</u> , 19 <u>53</u> , and that death occurred at <u>5:30 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>B. A. Stechlman M.D.</u>		23b. ADDRESS <u>Union Mo</u>	
23c. DATE SIGNED <u>11-14-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-17-53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>St. Ann's Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Jaffinsville Missouri</u>	
DATE REC'D BY LOCAL REG. <u>11/14/53</u>		REGISTRAR'S SIGNATURE <u>J.R. Weidmann</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>John F. Schumaker</u>		ADDRESS <u>Kirkwood, Missouri</u>	

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

NOV 24 1953

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 W. H. Willenbrink

Licensed Embalmer No. 45117

P. O. Address Washington, Missouri

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.