

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41134

FILED DEC 4 - 1953

State File No. ....

318

1003

Registrar's No. 11316

1. PLACE OF DEATH a. COUNTY <b>Missouri</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> S b. COUNTY <b>2247</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Incarnade Word Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>24 3616 Nebraska</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Sandra L. Schwender</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>11-28-1953</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED <b>NEVER MARRIED</b>		8. DATE OF BIRTH <b>August 22, 1947</b>	
9. AGE (In years) (last birthday) <b>6</b>		10. UNDER 1 YEAR (Month) (Day) (Year) <b>3 6</b>	
11. UNDER 24 HRS. (Hour) (Min.)		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>School</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Bernard Schwender</b>		13b. MOTHER'S MAIDEN NAME <b>Lorraine Sander</b>	
14. NAME OF HUSBAND OR WIFE <b>None</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Bernard Schwender-3616 Nebraska</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <b>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</b>		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic hypertensive insils, atherosclerosis</b> ANTECEDENT CAUSES (b) <b>Chronic Sinusitis &amp; Bronch</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. (c) <b>Pulmonary Embolism</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <b>11/27/53</b>		19b. MAJOR FINDINGS OF OPERATION <b>no unusual findings hypertrophy of</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None</b>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis, Missouri, Mo.</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>510.1</b>		22. I hereby certify that I attended the deceased from <b>Nov 27, 1953</b> , to <b>Nov 27, 1953</b> , that I last saw the deceased alive on <b>Nov</b> , 1953, and that death occurred at <b>A</b> m., from the causes and on the date stated above.	
23a. SIGNATURE <b>Harry N. Black</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>1504 So. Grand Blvd.</b>	
23c. DATE SIGNED <b>11/30/53</b>		24a. BURIAL, CREMATION, REMOVAL <b>Removal</b>	
24b. DATE <b>Dec. 1, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Resurrection Cem.</b>	
24d. LOCATION (City, town, or county) (State) <b>County</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Wingbermuehle</b>	
DATE REC'D BY LOCAL REG. <b>NOV 30 1953</b>		ADDRESS <b>H. 3819 So. Grand</b>	

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.....  
Signature of Student Embalmer

Signed.....  
Licensed Embalmer No. 4611  
P. O. Address.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.