

FILED JUN 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21225

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4799

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY 2179	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS 1		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2816 LAFAYETTE AVE 17		d. STREET ADDRESS (If rural, give location) 3816 LAFAYETTE AVE	
3. NAME OF DECEASED (Type or Print) MARY		4. DATE OF DEATH (Month) (Day) (Year) MAY 29 1954	
a. (First) MARY L. b. (Middle) SCHWIENNER c. (Last) SCHWIENNER			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JULY 29-1876
9. AGE (In years last birthday) 77		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED-SCHOOL-TEACHER	11. BIRTHPLACE (State or foreign country) ST LOUIS MO
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED-SCHOOL-TEACHER		10b. KIND OF BUSINESS OR INDUSTRY PRIVATE-SCHOOL	12. CITIZEN OF WHAT COUNTRY? U-S-A
13a. FATHER'S NAME Wm C - CAMPBELL		13b. MOTHER'S MAIDEN NAME MARY TANE DILLON	14. NAME OF HUSBAND OR WIFE LOUIS F SCHWIENNER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. 492-07-8198	17. INFORMANT'S SIGNATURE OR NAME Louis F Schwienner
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>Leukemia</u> INTERVAL BETWEEN ONSET AND DEATH 3 days ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) _____ 5 yrs. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Sev Hypertensive C.V.R.</u> 5 yrs.	
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? 4200			
22. I hereby certify that I attended the deceased from 9-14-1954 to 5-29-1954, that I last saw the deceased alive on 5-29-1954 and that death occurred at 3:15 P.M., from the causes and on the date stated above.			
23a. SIGNATURE <u>William W Farley M.D.</u> (Degree or title)		23b. ADDRESS 7108 S. Grand	
23c. DATE SIGNED 5-30-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JUNE-1-1954	
24c. NAME OF CEMETERY OR CREMATORY CALVARY-CEMETERY		24d. LOCATION (City, town, or county) (State) ST. LOUIS MO	
DATE REC'D BY LOCAL REG. JUN 1 1954		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Robert L. G. 1905 So Grand</u>	

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

Bill C Branson

Licensed Embalmer No. *4764*

P. O. Address *St Louis Mo.*

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.