

FILED AUG 2 - 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23451

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>159</u>		PRIMARY REG. DIST. NO. <u>4249</u>		Registrar's No. _____	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>JEFFERSON</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HILLSBORO</u>		a. STATE <u>Mo.</u>		b. COUNTY _____	
c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		d. STREET ADDRESS (If rural, give location) <u>(UNK)</u>		2009	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CEDAR GROVE NURSING HOME</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 20 1954</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) <u>HERMAN</u>	b. (Middle) _____	c. (Last) <u>SCHWANBACK</u>					
5. SEX <u>M</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>UNKNOWN</u>	9. AGE (In years last birthday) <u>ABOUT 75</u>	IF UNDER 1 YEAR Months _____	IF UNDER 24 HRS. Days _____	IF UNDER 24 HRS. Hours _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>UNKNOWN</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>UNKNOWN</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>UNK.</u>		13b. MOTHER'S MAIDEN NAME <u>UNK.</u>		14. NAME OF HUSBAND OR WIFE <u>UNK.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>UNK.</u>		16. SOCIAL SECURITY NO. <u>UNK.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>CEDAR GROVE NURSING HOME</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>48 hours</u>	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heat exhaustion.</u>					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbid 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 <u>Cerebral hemorrhage, old, with left hemiplegia and aphasia.</u>				<u>unknown.</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) <u>05</u> (STATE) <u>05</u>			
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>July 1, 1954</u> , to <u>July 20, 1954</u> , that I last saw the deceased alive on <u>July 20, 1954</u> , and that death occurred at <u>3:59 m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Thomas A. Donnell, M.D.</u>				23b. ADDRESS <u>257 Desoto, Mo.</u>		23c. DATE SIGNED <u>7-21-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>July 21, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <u>Desoto, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-21-54</u>		REGISTRAR'S SIGNATURE <u>Kathleen Marden</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Donnell B. ...</u>		ADDRESS <u>Desoto, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

**JEFFERSON COUNTY HEALTH DEPT.**  
**HILLSBORO, MISSOURI**

**DATE RECEIVED**

JUL 28 1954

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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 \_\_\_\_\_

*Samuel B. Dietrich*

Licensed Embalmer No. \_\_\_\_\_

*4104*

P. O. Address \_\_\_\_\_

*Delto Mo.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)**

If this body is not embalmed, fact should be so stated above.