

Health,  
& Welfare  
Public  
Service

S. 300  
v. 1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42592  
STATE FILE NUMBER  
10494  
Registrar's No.

FILED NOV 22 1957

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri		c. CITY OR TOWN Ferguson 4109	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 10 New Faith Hospital		d. STREET ADDRESS (If outside, give location) 27 324 Averill Avenue	
3. NAME OF DECEASED (Type or print) First Middle Last Frederick P. Schwaegerle		4. DATE OF DEATH Month Day Year November 3, 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 30, 1889
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Auto Worker		10b. KIND OF BUSINESS OR INDUSTRY Fisher Body.	11. BIRTHPLACE (City and state or country) Evansville, Indiana
13a. FATHER'S NAME John Schwaegerle		13b. MOTHER'S MAIDEN NAME Mary Bohn	14. NAME OF HUSBAND OR WIFE Mrs Mary Ann Schwaegerle
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. Unknown	17. INFORMANT Address Mrs Mary Ann Schwaegerle, 324 Averill Ave.,
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis			INTERVAL BETWEEN ONSET AND DEATH 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 332x DUE TO (c)			
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from 10/30/57 to 11/3/57 and last saw him alive on 11/2/57 Death occurred at 2:35 AM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Name or title) Anthony V. Benincasa M.D.		22b. ADDRESS 3731 Goodfellow Blvd	22c. DATE SIGNED 11-14-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 11-6-1957	23c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
24. FUNERAL DIRECTOR Math. Hermann & Son Inc. 2161 E. Fair Ave.,		25. DATE RECD. BY LOCAL REG. NOV 5 '57	26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D. S.P.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

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 *Allen W. Hayes* ..... Licensed Embalmer No. *3737* P.O. Address: *St. Louis*

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.