

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020132
STATE FILE NUMBER

FILED MAY 29 1958

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5271

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS Mo</u>		c. CITY OR TOWN <u>ST. LOUIS</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>01 3423 TENNESSEE</u>		d. STREET ADDRESS (If outside, give location) <u>2/69 3423 TENNESSEE</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>EMIL SCHWANENGEL</u>		4. DATE OF DEATH Month Day Year <u>MAY 18 1958</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>MAR. 27 1894</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BLACKSMITH</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>ST. LOUIS Mo</u>
13a. FATHER'S NAME <u>FERDINAND SCHWANENGEL</u>		13b. MOTHER'S MAIDEN NAME <u>EVA MARTIN</u>	14. NAME OF HUSBAND OR WIFE <u>VELMA SCHWANENGEL</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>493-10-8164</u>	17. INFORMANT Address <u>3423 TENNESSEE</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> DUE TO (b) <u>arteriosclerotic heart disease</u> DUE TO (c) <u>arteriosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Regular cigarette smoking</u>			INTERVAL BETWEEN ONSET AND DEATH <u>420.0</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMEWIFE <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 a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE 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 <u>5-16-58</u> to <u>5-18-58</u> and last saw him alive on <u>5-16-58</u> Death occurred at <u>5-18-58</u> <u>8:55 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>A. Y. Merlin M.D.</u>	
22b. ADDRESS <u>3507 Potomac</u>		22c. DATE SIGNED <u>5-19-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>MAY 21 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ST. MATTHEW CEM</u>	23d. LOCATION (City, town, or county) (State) <u>ST. LOUIS Mo</u>
24. FUNERAL DIRECTOR <u>Thomas Kulis 2906 Chenis</u>		25. DATE RECD. BY LOCAL REG. <u>MAY 19 1958</u>	26. REGISTRAR'S SIGNATURE <u>J. C. Smith Mo</u>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

OK
No
Part
of
the
Body

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 *Prof. Duppe*
Licensed Embalmer No. *3989*
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.