

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027672
STATE FILE NUMBER

FILED JUL 21 1958 Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1857

300
1-57

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Overland 423X Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. L. Co. Hosp.		Length of stay in lb 6 1/2 hrs.	d. STREET ADDRESS (If outside, give location) 9442 Lackland Rd. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last FRANK PHILIP SCHWAEGERLE			4. DATE OF DEATH Month Day Year 7 12 58			
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5. SEX Male <input checked="" type="checkbox"/>	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 April 21, 1897	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant	10b. KIND OF BUSINESS OR INDUSTRY Food Store	11. BIRTHPLACE (City and state or country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Schwaegerle	13b. MOTHER'S MAIDEN NAME Mary Bohn	14. NAME OF HUSBAND OR WIFE Lelia M. Schwaegerle
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes W.W.#1	16. SOCIAL SECURITY NO. 488-12-8657	17. INFORMANT Address Lelia M. Schwaegerle, 9442 Lackland
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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 thromboses due to arteriosclerosis.		INTERVAL BETWEEN ONSET AND DEATH 7/11/58
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	7/12/58
	DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 332X		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <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
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21. I attended the deceased from 7-11-58 to 7-12-58 and last saw her alive on 7-12-58 Death occurred at 5:15 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Angelo A. Speno M.D.	22b. ADDRESS 601 So. BRENTWOOD	22c. DATE SIGNED 7-12-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-14-1958	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	23d. LOCATION (City, town, or country) (State) Jennings, Missouri
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24. FUNERAL DIRECTOR Baumann Bros. Inc. Overland, Mo.	ADDRESS 2504 Woodson Rd.	DATE RECD. BY LOCAL REG. 7-14-58	26. REGISTRAR'S SIGNATURE Herbert R. Donke M.D.
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

ALL DISEASES IN PART I MUST BE CAUSALLY RELATED. PREVIOUS SCARIFYING ETC. MUST USE ONLY STANDARD Nomenclature IN ITEM 18. NO SYMPTOMS WILL BE LISTED.

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 *David C. Gibson*

Licensed Embalmer No. *10454*

P. O. Address *Overland*

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.