

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-015705

STATE FILE NUMBER
Registration No. **23064**

FILED APR 20 1959

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Missouri b. COUNTY St. Louis)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Lemay 4860 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Marian Hospital		Length of stay in lb _____	d. STREET ADDRESS (If outside, give location) 281 Lemay Ferry Rd. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Rosine Middle _____ Last Schwent			4. DATE OF DEATH Month March Day 24 Year 1959
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 9, 1871
9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and state or country) St. Mary's, Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Stephen Friedman	
13b. MOTHER'S MAIDEN NAME Kuniduna Hoffmann		14. NAME OF HUSBAND OR WIFE William	
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. None	17. INFORMANT Address Emily Wesch, 3748a Texas 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) Fracture right femur Conditions, if any, which gave rise to above (b) General arteriosclerosis Underlying cause last listed (c) E904.0			INTERVAL BETWEEN ONSET AND DEATH 5 days 5 years
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 type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) Fell at home	
20c. TIME OF INJURY Hour _____ Month, Day, Year a.m. 3-19-59 p.m. _____		200	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HOME	20f. CITY, TOWN, OR LOCATION ST. LOUIS	COUNTY SO. STATE MO
21. I attended the deceased from 3-20-59 to 3-24-59 and last saw her alive on 3-24-59 Death occurred at 8:20 p m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE O J Jones M D (Degree or title)		22b. ADDRESS 3616 S. BDWY; ST. LOUIS	22c. DATE SIGNED 3-25-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 3-27-59	23c. NAME OF CEMETERY OR CREMATORY Local	23d. LOCATION (City, town, or county) (State) St. Mary's, Mo.
24. FUNERAL DIRECTOR ADDRESS Albert H. Hoppe, 4700 Washington Blvd.		25. DATE REC'D. BY LOCAL REG. MAR 26 59	26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

THIS INFORMATION IS TO BE KEPT SEPARATE FROM THE DEATH CERTIFICATE

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 *Harvey Kahle*

Licensed Embalmer No. *45916*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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