

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-023752

State File No. ....

b. 300  
D. 48

FILED JUN 22 1959

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1580

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>ST LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Allenton</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Allenton</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural</u>		e. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u> b. (Middle) <u>Jacob</u> c. (Last) <u>Schwenk</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 8, 1959</u>		
5. SEX <u>m</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>1</u>	8. DATE OF BIRTH <u>Sept 7, 1893</u>		9. AGE (in years last birthday) <u>65</u>
10a. USUAL OCCUPATION (Give kind of work doing during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>

13a. FATHER'S NAME <u>Frank C. Schwenk</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Staatz</u>		14. NAME OF HUSBAND OR WIFE <u>Dora Schwenk</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>499-12-1826</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Dora Schwenk Allenton Mo.</u>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u>		<u>10 years</u>
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Congestive Heart Failure</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) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 6-6, 1959, to 6-8, 1959, that I last saw the deceased alive on 6-8, 1959, and that death occurred at 10:00 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>H. Stinson</u>	(Degree or title) <u>2</u>	23b. ADDRESS <u>EUREKA MO.</u>	23c. DATE SIGNED <u>6-10-59</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>BURIAL June 11, '59</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fion Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>17401 St. Charles Rd. St. Louis County</u>
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DATE REC'D BY LOCAL REGISTRY <u>6-10-59</u>	REGISTRAR'S SIGNATURE <u>John C. Murphy</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. John L. Tucker</u>	ADDRESS <u>Pacific Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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.....  
*Ralph Ottman*

Licensed Embalmer No. *180*

P. O. Address *Union*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.