MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

Schwaegerle

-61-007212
STATE FILE NUMBER

AMENDED ✓ FILED VS MAR 2 1961

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 502

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkwood — Length of stay in 1b DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hospital — Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Ferguson — Inside Limits Yes XX No ☐
d. STREET ADDRESS (If outside, give location) 1742 Nemnich Dr. 36 — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First GERALD Middle F. Last SCHWAEGERLE
4. DATE OF DEATH Month Feb. Day 18th, 1961 Year
5. SEX Male
6. COLOR OR RACE White
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 8-12-1922
9. AGE (last birthday) 38
IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Transportation Supervisor
10b. KIND OF BUSINESS OR INDUSTRY U. S. Gov't.
11. BIRTHPLACE (City and state or country) St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Fred Schwaegerle
13b. MOTHER'S MAIDEN NAME Mamie Yarr
14. NAME OF HUSBAND OR WIFE Mildred Schwaegerle
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War # 2
17. INFORMANT Mildred Schwaegerle, 1742 Nemnich Dr., 36

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Acute coronary occlusion	10 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Massive myocardial infarction (anterior)	10 days
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO X
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 1956 to 18 Feb. 1961 and last saw ~~him~~ alive on 17 February 1961
Death occurred on 1:05A on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Reynolds L. Cameron (Degree or title) MD.
22b. ADDRESS 1695 Brentwood Blvd. Brentwood 17, Missouri
22c. DATE SIGNED 18 Feb. 1961

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 2-20-61
23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
23d. LOCATION (City, town, or county) St. Louis, Missouri (State)

24. FUNERAL DIRECTOR CALVIN F. FEUTZ, FUNERAL HOME, St. Louis, 15, Missouri. ADDRESS 4828 Natural Bridge Blvd.
25. DATE RECD. BY LOCAL REG. 2-20-61
26. REGISTRAR'S SIGNATURE John B. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

ITEM NO. SHOULD READ INSTEAD OF DATE AMENDED BY AFFIDAVIT OF DOCUMENT

File in County.

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 John A. Mlunson

Licensed Embalmer No. 4186

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.