

No. 2
X21492

OCT 10 1940

Registration District No. 784

Primary Registration District No. 112

Registrar's No. 1761

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Rock Hill Village
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
9410 Litsinger Rd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME Louis J. Schwade

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race W. 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Martha Schwade 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan. 13, 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 8 2 hr. min.

9. Birthplace St. Louis County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business Building Industry

12. Name Phillip Schwade

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Stewart Schwade

(b) Address 9410 Litsinger Rd. Rock Hill Village

17. (a) Burial (b) Date thereof Sept. 18, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Cem. Kirk

18. (a) Signature of funeral director [Signature]

(b) Address 7146 Manchester Ave

19. (a) SEP 16 1940 (b) [Signature]
(Date received for registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Rock Hill Village
(If outside city or town limit, write "RURAL")
(d) Street No. 9410 Litsinger Rd
(Specify whether rural, city, or location)
(e) If foreign born, how long in U. S. A. Born U.S.A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 15th
year 1940 hour 2:45 minute AM

21. I hereby certify that I attended the deceased from 1936
_____ 19 _____ to Sept. 14th 19 40
that I last saw him alive on Sept 14th 19 40
and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis Duration 4 days
Due to acute intestinal obstruction 6-8 days

Due to _____
Other conditions hemiplegia right side - about 1 yr -
(Include pregnancy within 3 months of death)

Major findings: _____ PHYSICIAN _____
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(e) While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Joyel Knichel (M. D. or other) _____
Address 12363a Manchester Ave Date signed 9/16/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

6

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed *Francis A. Williamson*

Licensed Embalmer No. *3565*

P. O. Address *7146 Manchester*

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 this body is not embalmed, above space should be left blank.