

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **10274**

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3710 Palm Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Catherine (Katie) Schwink

3. (b) If veteran, name war no

3. (c) Social Security No. None

4. Sex Female **5. Color or race** white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Frank Schwink

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 7 1872
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>68</u>	<u>1</u>	<u>6</u>	hr. _____ min. _____

9. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER

12. Name Peter Markus

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

14. Maiden name Helen Meuser

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

16. (a) Informant Helen Schwilbe

(b) Address 5003 Durant Ave.

17. (a) Burial **(b) Date thereof** 12-15-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem

18. (a) Signature of funeral director Meeke Dickman

(b) Address 3039 Easton Ave.

19. (a) DEC 14 1940 **(b) J. N. Bredbeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis 10
(If outside city or town limits, write "RURAL")

(d) Street No. 3710 Palm Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 13
year 1940 hour 10 minute A M.

21. I hereby certify that I attended the deceased from February 26th 1940 to Dec. 10th 1940
that I last saw h^e alive on Dec. 10th 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Arterial changes

Due to plus Diabetic Mellitus

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

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? _____

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

23. Signature Alfred Med Tovar (M. D. or other) _____

Address 4244 N. Flannery **Date signed** 12/13/40

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 _____

Licensed Embalmer No. 3880

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