

JUN 9 1949

No. 2
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28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 189710

Dr. Armstrong
Registration District No. 780A

Primary Registration District No. 106

Registrar's No. 1117

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Kirkwood, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
138 E. Big Bend Rd /
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")

(d) Street No. 138 E. Big Bend Rd
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ella W. Schwentker

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25
year 1941 hour 11:30 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from 6-26-1926
19____ to May 10 1941

that I last saw her alive on May 10 1941
and that death occurred on the date and hour stated above.

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife Edward Schwentker

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased November 24 1889
(Month) (Day) (Year)

Immediate cause of death 1. Cardiac Arterio-sclerosis - Long - 2-26-1940 to my knowledge
2. Cardiac Hypertrophy

Due to 3. Cardiac Sclerosis

Due to _____

8. AGE: Years Months Days If less than one day

51	6	1	hr. _____ min.
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Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

9. Birthplace Kirkwood Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

PHYSICIAN

Underline the cause to which death should be charged statistically.

Op D

11. Industry or business _____

12. Name George Roeder

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

14. Maiden name Miller

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

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? _____

16. (a) Informant Edward Schwentker

(b) Address 138 E. Big Bend Rd Kirkwood, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/28/41
(Month) (Day) (Year)

(c) Place: burial or cremation St. Lucas Cem.

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

23. Signature Dr. Armstrong (M. D. or other) _____
Address 371 N. Kirkwood Rd Date signed 5/26/41

18. (a) Signature of funeral director Louis H. Bopp Inc.

(b) Address 131 W. Arcoine Dr Kirkwood, Mo

19. (a) MAY 26 1941 (Date received local registrar)

(b) D. R. Meyer M.D. (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

76
4
3

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 Julius M. Meyer
Licensed Embalmer No. 3288
P. O. Address. Hirkwood, Ind.

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, fact should be so stated above.