V. S. No. 2
00M—5-43
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 14 1945

Registration District No. 377

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2002

State File No. 14612

Registrar's No. 836

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
1235 Pennsylvania Ave., 1
(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 Mo. (b) County St. Louis 96

(c) City or town University City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1235 Pennsylvania Ave., 5
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Paul W. Schwepker Sr.

3. (b) If veteran, name war No

3. (c) Social Security No. 494-07-5515

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Nettie Schwepker

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Jan. 23, 1879.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
66	2	11	hr. min.

9. Birthplace Hot Springs, Ark., 1
(City, town, or county) (State or foreign country)

10. Usual occupation Stock clerk

11. Industry or business Scruggs Dept. store

FATHER
12. Name William Schwepker
13. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Powers
15. Birthplace New York 1
(City, town, or county) (State or foreign country)

16. (a) Informant Nettie Schwepker
(b) Address 1235 Pennsylvania Ave.,

17. (a) Burial (b) Date thereof April 6/45.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bellefountain Cem.,

18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave.,

19. (a) APR 5 1945 (b) E. G. McGavran
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3
year 1945 hour 4.55 minute P.M. M.

21. I hereby certify that I attended the deceased from July, 1944, to April 3, 1945
that I last saw him alive on 4/3, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Arthur Schwepker + Cardiac Final Decision

Due to Senility

Due to

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None 1316

Duration

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? None
(City or town) (County) (State)

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

While at work? None (e) Means of injury .....

23. Signature Bruce Reilly (M.D. or other)

Address 6125 Barbary Ave. St Louis Mo Date signed 4/3/45

(Licensed Embalmer's Statement on Reverse Side)

Dr. P.J.Reilly
6125 Bartmer Ave.,
CA. 5187

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 G. W. Wilkinson

Licensed Embalmer No. 35-75

P. O. Address.....

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.