No. 2
9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

24284

FILED JUL 24 1945

State File No.

Registration District No. 160 Primary Registration District No. 5592 Registrar's No. 206

1. PLACE OF DEATH:

(a) County JEFFERSON

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

(c) Name of hospital or institution: NEAR GLEN PARK MO (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 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County JEFFERSON

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

(d) Street No. NEAR BARNHART MO (If rural, give location)

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

If yes, name country —

3. (a) PRINT FULL NAME ARTHUR JOSEPH SCHWENT

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M.O

5. Color or race W.

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

6. (b) Name of husband or wife Mary Schwent

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

7. Birth date of deceased Dec (Month) 19 (Day) 1906 (Year)

8. AGE: Years 38 Months 6 Days 2 If less than one day hr. min.

9. Birthplace Bloomsdale (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Quarry worker

11. Industry or business

FATHER
12. Name Frank Schwent
13. Birthplace Jell (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Augusta Morrine
15. Birthplace Bloomsdale (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mrs. Mary Schwent

(b) Address Barnhart Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-23-43 (Month) (Day) (Year)

(c) Place: burial or cremation St. Genevieve Mo.

18. (a) Signature of funeral director Heiligtag Funeral

(b) Address Kimmswick Mo.

19. (a) 6-22-43 (Date received local registrar) (b) Virginia Gilliam Dup (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 21 year 1945 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 that I last saw h alive on , 19 and that death occurred on the date and hour stated above.

Immediate cause of death Fractured Skull. Due to an Unavoidable Accident While performing his regular duties

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Duration

Major findings: Of operations

Of autopsy

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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) Accident

(b) Date of occurrence 6-21-45

(c) Where did injury occur? Glen Park (City or town) Jeff (County) Mo. (State)

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

While at work? (e) Means of injury

23. Signature T. Burton Edwards (M. D. or other) Coroner

Address Cedar Hill Mo. Date signed 6/21/45

1359

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 7-21-45

JUL 25 1945

AUG 23 1945

AUG 27 1956

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 Arthur W. Heilegtag

Licensed Embalmer No. 387

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

S. No. 2B
M—3-45
1 X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Aug

Registration District No. 160 Primary Registration District No. 5592 Registrar's No. 206

1. PLACE OF DEATH:

(a) County: Jefferson

(b) City or town: Rural (If outside city or town limits, write "RURAL" and name of township) Joachim Twp

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

(d) Street No. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: Arthur A. Schmerr

3. (b) If veteran, name war: 0

3. (c) Social Security No.

4. Sex: M

5. Color or race: W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased: Dec (Month) 19 (Day) 1904 (Year)

8. AGE: Years 38 Months Days If less than one day hr. min.

9. Birthplace: (City, town, or county) MO (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER 12. Name

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

MOTHER 14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June Day 21 year 1941 hour minute M.

21. I hereby certify that I attended the deceased from 19, to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death: Accident Caught in machinery while working at trip

Due to: Injury work at Park Jun

Due to:

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations: 76.8

Of autopsy:

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): Accident

(b) Date of occurrence: June 21st 1941

(c) Where did injury occur? Glen Park Mo (City or town) (County) (State)

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

While at work? yes (e) Means of injury: Machinery

23. Signature: T. B. Edwards, Jr. Coroner (M. D. or other)

Address: Cedar Hill - Mo Date signed 8/2/41

SUPPLEMENTARY

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

S-24254