

FILED DEC 17 1946

State File No. _____

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10493

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis

(c) Name of hospital or institution: 2313 Salena St.
(If outside city or town limits, write "RURAL" and name of township)

(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 000

(c) City or town St. Louis 2317
(If outside city or town limits, write "RURAL")

(d) Street No. 2313 Salena St. 9
(If rural, give location) 0

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

If yes, name country _____

3. (a) PRINT FULL NAME Amelia Schwenker

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 7th
year 1946 hour 7 minute P M.

21. I hereby certify that I attended the deceased from 8-12-
1946 to 12-7-
1946
that I last saw her alive on 8-12-6-
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 Christ

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

7. Birth date of deceased Feb. 26 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>9</u>	<u>11</u>	hr. _____ min. _____

Immediate cause of death Myocarditis Duration _____
Chronic
mit. Rhephritis

Due to Septicemia

Due to _____

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

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Anton Schafheutle

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

{ 14. Maiden name Not known

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

16. (a) Informant Charles H. Schwenker

(b) Address 2313 Selena St.

17. (a) Burial (b) Date thereof 12/9/46
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director John N. Gellen

(b) Address 2630 Gravois Ave

19. DEC 8 1946 (b) J. F. Bredek
(Received from Registrar) (Registrar's signature)

Major findings: _____

Of operations: _____

Of autopsy: _____

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 L. F. Murray (M. D. or other) MD

Address 900-R. R. 1st Date signed _____

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

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..... *Robert T. Gebken*

Licensed Embalmer No..... **4144**

P. O. Address..... **2630 Gravois**

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.