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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 20 1947

Registration District No. 347

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

36706

State File No.

Primary Registration District No. 6076

Registrar's No. 2155

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: None-Highway 61 & Schoettler Rd. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether

In this community 50 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Highway 61 & Schoettler Rd. (If outside city or town limits, write "RURAL")

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

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

If yes, name country

3. (a) PRINT FULL NAME Louis H. Schwenck

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Caroline Schwenck

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

7. Birth date of deceased July 18, 1875 (Month) (Day) (Year)

8. AGE: Years 72 Months 2 Days 24 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business Own farm

FATHER
12. Name Fred Schwenck
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Giesler
15. Birthplace St. Louis County, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Pearl Hill

(b) Address Chesterfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/15/47 (Month) (Day) (Year)

(c) Place: burial or cremation St. John Cem., Bellefountaine, Mo.

18. (a) Signature of funeral director Schrader Fun'l Home

(b) Address Ballwin, Mo.

19. (a) 10-14-47 (Date received local registrar) (b) Paul A. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 12 year 1947 hour 11 15 minute A M.

21. I hereby certify that I attended the deceased from Oct 10, 1947, to Oct 12, 1947 that I last saw him alive on Oct 11, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	48 hrs
Due to Hypertension	
Due to 83 a	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature C H Denny (M. D. or other) MD

Address Creve Coeur, Mo. Date signed 10-12-47

(Licensed Embalmer's Statement on Reverse Side)

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 Harry F. Schrader

Licensed Embalmer No. 2091

P. O. Address Baldwin 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, fact should be so stated above.