

FILED JUL 13 1950

STANDARD CERTIFICATE OF DEATH

State File No. 21997

5851

BIRTH NO. III38L		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 5851				
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Missouri		c. LENGTH OF STAY (In this place) 2 Mo.		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2159				
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1				d. STREET ADDRESS (If rural, give location) 4426 Virginia				6		
3. NAME OF DECEASED (Type or Print)		a. (First) HENRY		b. (Middle)		c. (Last) SCHWAB.		4. DATE OF DEATH (Month) (Day) (Year) JULY 5th 1950		
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Apr. 24 1886		9. AGE (In years last birthday) 64	IF UNDER 1 YEAR 2	IF UNDER 1 YEAR 11	IF UNDER 24 HRS. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tuck Pointer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis Mo.			12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME Jacob Schwab			13b. MOTHER'S MAIDEN NAME Katherine Heafle			14. NAME OF HUSBAND OR WIFE not known				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Anna Ziegler					ADDRESS 4426 Virginia	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the head of the pancreas ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) the pancreas DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 157X						
22. I hereby certify that I attended the deceased from JUNE 29, 1950, to JULY 5, 1950 that I last saw the deceased alive on JULY 5, 1950, and that death occurred at 12.04 P.M., from the causes and on the date stated above.										
23a. SIGNATURE Jean C. Gladden M.O.				23b. ADDRESS 1515 Lafayette Ave.,		23c. DATE SIGNED 7-5-50				
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 7-8-50	24c. NAME OF CEMETERY OR CREMATORY S.S. Peter & Paul		24d. LOCATION (City, town, or county) (State) St. Louis Mo.					
DATE REC'D BY LOCAL REG. JUL 6 1950 REG.		REGISTRAR'S SIGNATURE J.B. Rauter			25. FUNERAL DIRECTOR'S SIGNATURE Schumacher Und. 3013 Meramec					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed Francis Williamson

Signed.....
Student Embalmer

Licensed Embalmer No. 3565

P. O. Address St Louis 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.