

FILED FEB 9 1951

STANDARD CERTIFICATE OF DEATH

2977

State File No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No.	
Registrar's No. 72							
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE			
b. CITY (If outside corporate limits, write RURAL and give township); OR TOWN. St. Louis				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN. Lemay			
c. LENGTH OF STAY (in this place)				4870			
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital				d. STREET ADDRESS (If rural, give location) 4102 Lemay Ferry Road			
3. NAME OF DECEASED (Type or Print) Clara		a. (First)		b. (Middle)		c. (Last) Schwob	
4. DATE OF DEATH		(Month) (Day) (Year)		1-2-1951			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 2		8. DATE OF BIRTH 2-26-1886	
9. AGE (In years last birthday) 64		IF UNDER 1 YEAR Months		IF UNDER 6 HRS. Hours		Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.							
13a. FATHER'S NAME August Rischert			13b. MOTHER'S MAIDEN NAME Louise Boas			14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		(If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Grace Fey ADDRESS 4102 Lemay Ferry Rd.	
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) Myocardial Infarction acute INTERVAL BETWEEN ONSET AND DEATH 5 minutes ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive + Arteriosclerosis heart disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				2 + years	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4250			
22. I hereby certify that I attended the deceased from Jan 30, 1950 , to Jan 2, 1951 , that I last saw the deceased alive on Jan 2, 1951 , and that death occurred at 4:00 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE Edward W. Gzebrinski M.D.				23b. ADDRESS 3701 Grandel Sq.		23c. DATE SIGNED Jan 5, 1951	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-5-1951		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		24d. LOCATION (City, town, or county) (State) 10180 Gravois Road Mo	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JAN 5 1951		REGISTRAR'S SIGNATURE J B Lasater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ziegenhein Bros 6409 Gravois Ave			

Dr. Czbrinski 3701 Grandel Square JE 4430 12-22-50
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 _____

Van M. Simon

Signed

Student Embalmer

Licensed Embalmer No. _____

4343

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.