

FILED NOV 28 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39705

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8809

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN, St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Glendale 4657	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hospital		d. STREET ADDRESS (If rural, give location) 940 Chelsea	

3. NAME OF DECEASED (Type or Print) John Charles Schwenk			4. DATE OF DEATH (Month) (Day) (Year) Oct. 3 1951					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 28, 1892	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months 2	IF UNDER 1 YEAR Days 5	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY Collector St. Louis Co.		11. BIRTHPLACE (State or foreign country) De Sota, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME William Schwenk		13b. MOTHER'S MAIDEN NAME Sophia Giesler		14. NAME OF HUSBAND OR WIFE Catherine I. Deschner Schwenk			
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. 497-09-0392		17. INFORMANT'S SIGNATURE OR NAME Catherine Schwenk		ADDRESS 940 Chelsea	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <i>Coronary Arteriosclerosis</i>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES <i>Cardiovascular Disease</i>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>442X</i>
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22. I hereby certify that I attended the deceased from *May 10, 1951* to *Oct 4, 1951*, that I last saw the deceased alive on *Oct 3, 1951*, and that death occurred at *11:10 Am.*, from the causes and on the date stated above.

23a. SIGNATURE <i>S. A. [Signature]</i>	(Degree or title)	23b. ADDRESS <i>357X Central</i>	23c. DATE SIGNED <i>Oct 4-57</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Oct. 6, 1951	24c. NAME OF CEMETERY OR CREMATORY Valhalla	24d. LOCATION (City, town, or county) (State) St. Louis County Mo.
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE OCT 5 1951 <i>J. Earl Smith M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Ortmann Funeral Home</i>	ADDRESS 9222 Lackland
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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.....

Al C Ostmann

Signed.....

Student Embalmer

Licensed Embalmer No. *3478*

P. O. Address.....

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.