

FILED FEB 2 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3279
State File No. 0538

BIRTH NO. 19014 REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 1003 Registrar's No. 0538

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		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Johns Hospital		9. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS 2099	
		d. STREET ADDRESS (If rural, give location) 5329 Von Phuu 1	

3. NAME OF DECEASED (Type or Print) a. (First) STEPHEN b. (Middle) R c. (Last) SCHAWER		4. DATE OF DEATH (Month) (Day) (Year) JAN 17, 1952	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH MARCH 13, 1951
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) ST. LOUIS, MO
		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME RUSSEL SCHAWER	13b. MOTHER'S MAIDEN NAME MARIE SCHWITHEIS	14. NAME OF HUSBAND OR WIFE SINGLE
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. None	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS RUSSEL SCHAWER Von Phuu

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Neuro blastoma		4 mo
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Asthenia - Anemia - ecchyma		1-2 mo
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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? 193X

22. I hereby certify that I attended the deceased from Nov 7, 1951, to Jan 17, 1952, that I last saw the deceased alive on Jan 17, 1952, and that death occurred at 9:15 P.M. from the causes and on the date stated above.

23a. SIGNATURE Dr. C.N. Lindeman	(Degree or title) M.D.	23b. ADDRESS 4126 S. Shrew Ave	23c. DATE SIGNED 1/18/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JAN 19 1952	24c. NAME OF CEMETERY OR CREMATORY CALVERY CEMETERY	24d. LOCATION (City, town, or county) (State) ST. LOUIS, MO
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DATE REC'D BY LOCAL REGISTRARS SIGNATURE JAN 18 1952	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS BRONTSCHWIGARC/Son W FLORISSANT AVE
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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 me

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed J. W. Wilkinson

Licensed Embalmer No. 3575

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.