

FILED JAN 26 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318

1003

State File No. 3303
Registrar's No. 0409

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. 3303		Registrar's No. 0409					
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 OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 64 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2159									
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital				STREET ADDRESS (If rural, give location) 4457a Pennsylvania Ave									
3. NAME OF DECEASED (Type or Print) Adele			a. (First)		b. (Middle)		c. (Last) Schwanecke		4. DATE OF DEATH (Month) (Day) (Year) Jan 13 1952				
5. SEX F.		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W.		8. DATE OF BIRTH May 2 1887		9. AGE (In years last birthday) 64		IF UNDER 1 YEAR Months Days		IF UNDER 24 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) St. Louis, Mo.				12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Henry J. Pustmueller				13b. MOTHER'S MAIDEN NAME Emily Ehrler				14. NAME OF HUSBAND OR WIFE Dr. Frederick O. Schwanecke					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____				16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Esther Stone 4725 Ray							
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.													
MEDICAL CERTIFICATION													
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular accident with hypertensive hemorrhage										INTERVAL BETWEEN ONSET AND DEATH 35 days			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardio-vascular disease.										10 years			
DUE TO (c) _____													
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing 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) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR? 443X							
22. I hereby certify that I attended the deceased from Dec 11, 1951 to Jan 13, 1952, that I last saw the deceased alive on Dec 12, 1952, and that death occurred at 1:30 A.M., from the causes and on the date stated above.													
23a. SIGNATURE Edward W. Gebush (Degree or title) M.D.						23b. ADDRESS 3701 Grandel Square			23c. DATE SIGNED 1/14/52				
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/16/52		24c. NAME OF CEMETERY OR CREMATORY Concordia Cemetery				24d. LOCATION (City, town, or county) St. Louis, Mo. (State)					
DATE REC'D BY LOCAL REG. JAN 15 1952		REGISTRAR'S SIGNATURE [Signature]				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Beiderwieden F. H. Inc., 1936 St. Louis Av.							

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Edw. W. Czebranski
3701 Grandel Square

JE: 4430

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.....

Gustav H. Distler

Signed.....

Student Embalmer

Licensed Embalmer No. *4329*

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.