

FILED MAY 26 1955

STANDARD CERTIFICATE OF DEATH

State File No. 16997

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4486

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Perry		
b. CITY (If outside corporate limits, write RURAL and give township) St Louis		c. LENGTH OF STAY (In this place) OR TOWN	c. CITY OR TOWN DU Quoin		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Firmin Desloge			e. STREET ADDRESS (If rural, give location) 420 W North 812 1/2		
3. NAME OF DECEASED (Type or Print)	a. (First) John	b. (Middle) C	c. (Last) SCHWINN	4. DATE OF DEATH (Month) (Day) (Year) MAY 20 1955	
5. SEX M O	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct 25, 1890	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner		10b. KIND OF BUSINESS OR INDUSTRY Coal	11. BIRTHPLACE (City and State or Foreign Country) Wier City Kansas /		12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME John Schwinn		13b. MOTHER'S MAIDEN NAME Minnie Kern		14. NAME OF HUSBAND OR WIFE Cora Schwinn	
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. 493-05-2513	17. INFORMANT'S SIGNATURE OR NAME ; ADDRESS Cora Schwinn Du Quoin Ill			
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: 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ARTERIOSCLEROTIC CARDIOVASCULAR</u> ANTECEDENT CAUSES Disease with MYOCARDIAL FIBROSIS AND LEFT BRANCH BLOCk. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>FIBROSIS AND LEFT BRANCH BLOCk.</u> DUE TO (c) <u>EMPHYSEMA, OBSTRUCTIVE</u> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>ANTHRACOSIS SEVERE</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 YEARS</u> <u>5 YEARS</u> <u>? YEARS</u>
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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>524X</u>			
22. I hereby certify that I attended the deceased from <u>MAY 16, 1955</u> , to <u>MAY 20, 1955</u> , that I last saw the deceased alive on <u>MAY 20, 1955</u> , and that death occurred at <u>8:10 A.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Herbert C. Sweet M.D.</u>			23b. ADDRESS <u>ST. LOUIS, MO</u>		23c. DATE SIGNED <u>5-20-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>5-20-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Local</u>	24d. LOCATION (City, town, or county) (State) <u>Du Quoin Illinois</u>		
DATE REC'D BY LOCAL REG. <u>MAY 21 1955</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert H. Hoppe 4700 Washington</u>		

E. P. (Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Paul A. Wacht*

Licensed Embalmer No. *47*

P. O. Address. *Howe*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.