

FILED MAY 26 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16999

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4398**

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)		c. CITY OR TOWN St Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hosp		STREET ADDRESS (If rural, give location) 3948 Humphrey 2169			
3. NAME OF DECEASED (Type or Print) HERMAN		a. (First)		b. (Middle)	
c. (Last) SCHWORM		4. DATE OF DEATH May 18, 1955		(Month) (Day) (Year)	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 10 1873	
9. AGE (in years last birthday) 82		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) Marshall		10b. KIND OF BUSINESS OR INDUSTRY Courts		11. BIRTHPLACE (City and State or Foreign Country) Cleveland Ohio /	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME George Schworm		13b. MOTHER'S MAIDEN NAME Elizabeth Nies	
14. NAME OF HUSBAND OR WIFE Mary Humphrys Schworm		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 Mary Schworm		ADDRESS 3948 Humphrey			
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)		ANTECEDENT CAUSES		INTERVAL BETWEEN ONSET AND DEATH	
<i>Arteriosclerotic heart disease with left ventricular failure</i>		DUE TO (b) <i>Generalized arteriosclerosis</i>		5 yrs	
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS		10+ yrs	
		<i>Diabetes mellitus</i>		5 yrs	
		<i>Carcinoma of prostate with metastases</i>		?	
19a. DATE OF OPERATION 6/4/51		19b. MAJOR FINDINGS OF OPERATION Diabetic gangrene right leg.		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? 4200H	
22. I hereby certify that I attended the deceased from Apr 5 , 19 50 , to 5/18 , 19 55 , that I last saw the deceased alive on 5/17 , 19 55 , and that death occurred at 2:15A m., from the causes and on the date stated above.					
23a. SIGNATURE Edward W. Gabinski M.D.		(Degree or title)		23b. ADDRESS 3101 Grand St.	
23c. DATE SIGNED 5/18/55		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE May 21 55	
24c. NAME OF CEMETERY OR CREMATORY Hiram		24d. LOCATION (City, town, or county) (State) St Louis Cty Mo			
DATE REC'D BY LOCAL REG. MAY 18 1955		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. J. Schnur 3125 Lafayette	

WRITE PLAINLY--USING UNEADING 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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Joseph Bolzman*.....
Licensed Embalmer No. *401*.....
P. O. Address *3125 1st St*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.