

Health, Welfare
Public
Service

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ALL diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc., must use only standard nomenclature in Part 18. No symptoms will be listed. All

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 26 1957

341113

STATE FILE NUMBER

8687

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

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, give TOWNSHIP only) OR TOWN ST. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes Hosp.		Length of stay in lb	15 ^g STREET (If outside, give location) ADDRESS 5475 Cabanne Ave.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First JOHN Middle HENRY Last SCHWANKHAUS			4. DATE OF DEATH Month Sept. Day 14 Year 1957		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 27 1887	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Properties supervisor		10b. KIND OF BUSINESS OR INDUSTRY Freemont Inv.		11. BIRTHPLACE (City and state or country) Sàone Church, Illinois	
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13. FATHER'S NAME Rudolph Schwankhaus		
14. MOTHER'S MAIDEN NAME Margaret (Unk)			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) ? UNK		
16. SOCIAL SECURITY NO. UNK			17. INFORMANT 5475 Cabanne Ave. St. Louis Mrs. Charlotte S. Schwankhaus		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Suspect intracranial metastasis</i> DUE TO (b) <i>Carcinoma of esophagus, non-resectable 8 mos.</i> DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Large bowel obstruction treated by colectomy</i>					INTERVAL BETWEEN ONSET AND DEATH <i>8-10 days</i>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>150x</i>			
20c. TIME OF INJURY Hour Month, Day, Year - a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>July 2 - 1957</i> to <i>Sept 14 - 1957</i> and last saw <i>her</i> alive on <i>9/14/57</i> Death occurred at <i>9:30 PM 9/14/57</i> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Richard W. Gore M.D.</i> (Degree or title)			22b. ADDRESS <i>100 N. Euclid Ave.</i>		22c. DATE SIGNED <i>9/16/57</i>
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <i>Sept 17, 1957</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Mt. Lebanon Cem.</i>	
23d. LOCATION (City, town, or county) <i>St. Louis Mo.</i>		24. FUNERAL DIRECTOR <i>C.R. Lupton and Sons 7233 Delmar</i>		25. DATE RECD. BY LOCAL REG. <i>SEP 17 '57</i>	
26. REGISTRAR'S SIGNATURE <i>Carl Smith, MD</i>					

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Clarence H. Miller*

Licensed Embalmer No. *401*

P. O. Address *H. Louis*

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.