

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-030459  
STATE FILE NUMBER

FILED SEP 8 1958

Registration District No. 318 Primary Registration District No. 1003

Registrar's No. 7542

S. 300  
r. 1-57

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 City Hospital, 0		d. STREET ADDRESS St. Louis Chronic Hospital, 5800 Arsenal St. (If outside, give location) Residence on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Adolph Gschwend,		4. DATE OF DEATH August 1, 1958	
5. SEX Male, 6	6. COLOR OR RACE White,	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH December 25, 1865
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dairy Owner		9b. KIND OF BUSINESS OR INDUSTRY	9c. AGE (In years last birthday) 92
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dairy Owner		10b. KIND OF BUSINESS OR INDUSTRY	10c. AGE (In years last birthday) 92
11. BIRTHPLACE (City and state or country) Switzerland, 5		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Don't Know		13b. MOTHER'S MAIDEN NAME Don't Know	
14. NAME OF HUSBAND OR WIFE Marie Gschwend, (dec'd).		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 Address Anna Johanna Clark, 5038 Leona St.,	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fracture of Right Hip DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) E904.7.45 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not immediately antecedent full or was pushed by a 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. NATURE OF INJURY OR OCCURRENCE (Enter nature of injury in Part I or Part II) all on July 28 1958 about 3:45 pm.		
20c. TIME OF INJURY 3:45 p.m. 7-28-58	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.) 13 Hoop	20f. CITY, TOWN, OR LOCATION St. Louis MO COUNTY STATE		
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or Title) Patrick J. Taylor Curator		22b. ADDRESS 1300 Clark	
22c. DATE SIGNED 8 25 58		23. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery,	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal,	23b. DATE 8/4/58	23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri,	
24. FUNERAL DIRECTOR Gebken-Benz Mortuary, 2842 Meramec St., St. Louis, Mo.		25. DATE RECD. BY LOCAL REG. AUG 4 '58	
26. REGISTRAR'S SIGNATURE Carl Smith			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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, Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed Jae S. Benz .....

Licensed Embalmer No. 4249 .....  
2842 Meramec St.,  
P. O. Address St. Louis, 18, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.