

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-029157

7728

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7728

DO NOT WRITE ON THIS STUB

AMENDED

FILED AUG 13 1962	
<p>1. PLACE OF DEATH</p> <p>a. COUNTY _____</p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u> Length of stay in 1b _____</p> <p>c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Incarinate Word Hospital</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Mo.</u> b. COUNTY _____</p> <p>c. CITY OR TOWN <u>St. Louis</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <u>4308 Arsenal St.</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>3. NAME OF DECEASED (Type or print) First Middle Last <u>ANTOINETTE SCHWANINGER</u></p>	
<p>4. DATE OF DEATH Month Day Year <u>Aug. 6 1962</u></p>	
<p>5. SEX <u>Female</u></p>	<p>6. COLOR OR RACE <u>White</u></p>
<p>7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <u>10-16-1886</u></p>
<p>9. AGE (last birthday) <u>75</u> IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.</p>	
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u></p>	<p>10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u></p>
<p>11. BIRTHPLACE (City and state or country) <u>St. Louis, Mo.</u></p>	
<p>12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u></p>	
<p>13a. FATHER'S NAME <u>John Truhlar</u></p>	
<p>13b. MOTHER'S MAIDEN NAME <u>Unknown</u></p>	
<p>14. NAME OF HUSBAND OR WIFE <u>Late Frank J. Schwaninger</u></p>	
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>None</u></p>	
<p>16. SOCIAL SECURITY NO. <u>None</u></p>	
<p>17. INFORMANT Address <u>Dorothy DeWandel 4308a Arsenal St.</u></p>	
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) <u>UREMIA</u></p> <p style="text-align: center;">DUE TO (b) <u>Arterio sclerotic heart disease</u></p> <p style="text-align: center;">DUE TO (c) <u>with Congestive failure</u></p> <p style="text-align: right;">INTERVAL BETWEEN ONSET AND DEATH <u>72 hrs</u></p> <p style="text-align: right;"><u>1 wk</u></p> <p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>420.0</u></p> <p>PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>
<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>420.0</u></p>	
<p>20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____</p>	
<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>	<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____</p>
<p>20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____</p>	
<p>21. I attended the deceased from <u>1957</u> to <u>8/6/62</u> and last saw <sup>her</sup> <sub>him</sub> alive on <u>8/6/62</u></p> <p>Death occurred at <u>9:45 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.</p>	
<p>22a. SIGNATURE (Degree or title) <u>D. Michael M.D.</u></p>	
<p>22b. ADDRESS <u>812 Olive</u></p>	
<p>22c. DATE SIGNED <u>8/2/62</u> (State)</p>	
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u></p>	<p>23b. DATE <u>Aug. 9, 1962</u></p>
<p>23c. NAME OF CEMETERY OR CREMATORY <u>S/S Peter &amp; Paul Cemetery</u></p>	
<p>23d. LOCATION (City, town, or county) <u>St. Louis, Mo.</u></p>	
<p>24. FUNERAL DIRECTOR ADDRESS <u>Kriegshauser 4228 S. Kingshighway Blvd.</u></p>	
<p>25. DATE RECD. BY LOCAL REG. <u>AUG 8 1962</u></p>	
<p>26. REGISTRAR'S SIGNATURE <u>Roan Smith. M.D.</u></p>	

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

**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 R. W. Stovassand

Licensed Embalmer No. 4007

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