

5. No. 2
-1.4.41
5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 19 1942
774

Registration District No. _____

Primary Registration District No. 77618A

Registrar's No. 18

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town St. Francois, Mo. Two
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

(c) City or town St. Francois, Mo
(If outside city or town limits, write "RURAL.")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Mr. Minard Francis J. Schwent

3. (b) If veteran, name war _____

3. (c) Social Security No. 484-16-1764

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20th year 1942 hour NO minute 30 A.M.

21. I hereby certify that I attended the deceased from May 20 1942 to May 21 1942 and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced, married

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: October 15 1917
(Month) (Day) (Year)

Immediate cause of death: Rheumatoid Heart Disease since child

Due to: probably scarlet fever when child

Other conditions: _____ (Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

24 7 6 hr. min.

9. Birthplace St. Francois Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Driver of truck

11. Industry or business Cooper & Barton & Mr. W. P. Cleghorn

12. Name Mr. Theodore O. Schwent

13. Birthplace River View, Mo. (City, town, or county) (State or foreign country)

14. Maiden name Miss Mary L. Bluyser

15. Birthplace River View, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Emily Schwent

(b) Address St. Francois, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 23-1942 (Month) (Day) (Year)

(c) Place: burial or cremation St. Francois Cemetery

18. (a) Signature of funeral director Alvin W. Hood

(b) Address 203 Crane St. - Flat River, Mo.

19. (a) May 22-42 (Date recorded local registrar) (b) Archie Budington (Registrar's signature)

Major findings: _____

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury 2

23. Signature J. W. Zuppan (M. D. or other) DO

Address Flat River, Mo. Date signed 5/22/42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

4
0
0

1194

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4
District File Number 642-732
Date Filed 6-11-42

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Alvin W. Hoop
Licensed Embalmer No. 2780
P. O. Address 303 Crown St. - New Rochelle

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 this body is not embalmed, fact should be so stated above.