

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**2491**

State File No. ....

**FILED JAN 23 1952**

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 10

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <b>St. Francois</b>	b. CITY (If outside corporate limits, write RURAL and give township) <b>Bonne Terre</b>	a. STATE <b>Missouri</b>	b. COUNTY <b>St. Francois</b>
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <b>Flat River</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bonne Terre Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>407 West Main</b>	

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <b>Theodore</b>	b. (Middle) <b>Carl</b>	c. (Last) <b>Schwent</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Jan. 3, 1952</b>
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<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>Widowed</b>	<b>8. DATE OF BIRTH</b> <b>Dec. 11, 1874</b>	<b>9. AGE</b> (In years last birthday) <b>77</b>	<b>IF UNDER 1 YEAR</b> Months <b>0</b> Days <b>22</b>	<b>IF UNDER 4 HRS.</b> Hours <b></b> Min. <b></b>
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Retired-last work</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>S.E. Mo. Tel. Co.</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <b>Near Zell Ste. Genevieve Co., Mo.</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>
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<b>13a. FATHER'S NAME</b> <b>Michael Schwent</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Theresa Grass</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Schwent Alice Mary LaBruyere</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> <b>499 -03-2739</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Mrs. Fred Schwent</b>	<b>ADDRESS</b> <b>St. Francois, Mo.</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>  <b>2 days</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Broncho pneumonia</b>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		<b>Cerebral thrombosis</b>	

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>  <b>491X</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from Dec. 17, 1951, to Jan. 3, 1952, that I last saw the deceased alive on Jan. 3, 1952, and that death occurred at 12:30 a.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <i>C. H. Coughlin M.D.</i>	(Degree or title)	<b>23b. ADDRESS</b> <b>Flat River, Mo.</b>	<b>23c. DATE SIGNED</b> <b>1-7-52</b>
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<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>	<b>24b. DATE</b> <b>Jan. 7, 1952</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>St. Francois Catholic Cem.</b>	<b>24d. LOCATION (City, town, or county) (State)</b> <b>St. Francois, Mo.</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>Jan 7, 1952</b>	<b>REGISTRAR'S SIGNATURE</b> <i>Esther Rudloff</i>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <i>Alvin W. Hood</i>	<b>ADDRESS</b> <b>303 Crane St. Flat River, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

0941  
0

0942  
0

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....

*Alvin W. Hood*

Signed.....  
Student Embalmer

Licensed Embalmer No. 2780

P. O. Address 303 Cass St. Flat 2, Paris, 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 this body is not embalmed, fact should be so stated above.