

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

- (a) County Jefferson Co.
- (b) City or town Rural
(If outside city or town limits, write RURAL)
- (c) Name of hospital or institution:
None
(If not in hospital or institution write street number or location)
- (d) Length of stay: In hospital or community 1 1/2
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

- (a) State 307 Fairway Rd County Jefferson
- (c) City or town Jefferson Co. Ky.
(If outside city or town limits write RURAL)
- (d) Street No. Jefferson Co. Ky.
(If rural give precinct)
- (e) If foreign born, how long in U. S. A. not foreign born. years

3(a) FULL NAME

Rudolph Christian Schwenck

3(b) If veteran,

3(c) Social Security

Name war None No. None

4. Male 5. Color or race White 6(a) Single, widowed, married, divorced Married

6(b) Name of husband or wife Mrs. Mabel N. Rutledge Schwenck6(c) Age of husband or wife if alive 52 years Years7. Birth date of deceased April 6, 1884
(Month) (Day) (Year)8. AGE: Years 57 Months 7 Days 21
If less than one day hr. min.7. Birthplace Louisville, Kentucky10. Usual occupation Real Estate Salesman

11. Industry or business

12. Name Frederick H. Schwenck13. Birthplace Germany14. Maiden name Christine Muhlenschlager15. Birthplace Germany16(a) Informant's own signature W. C. Schwenck(b) Address Fountain Sq. Bldg Cincinnati17. BURIAL, ~~OR CREMATION~~
Cave Hill Cemetery Date Dec. 1st, 194118(a) Signature of funeral director Thos. M. Mas & Bro.(b) Address Louisville, Ky. 307 E. Broadway19(a) DEC 3 1941
(Date received by local registrar)Registrar's signature
W. C. Schwenck

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-27 194121. I hereby certify that I attended the deceased from 11-26 1941
to 11-27 1941, that I last saw h alive on
Schwenck - 27 1941, and that death occurred on the datestated above at 8:30 P. M.

Immediate cause of death

Hypostatic PneumoniaDue to Alcoholism + DermatitisAlcoholism sinceDermatitis sinceOther conditions no others

(Include pregnancy within 3 months of death)

Major findings:

Of operations 77d-111C

Of autopsy

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

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence

(c) Where did injury occur? in or about home, on farm, in industrial place
in public place? (Specify type of place)

While at work? (Specify type of work)

23. Signature W. C. Schwenck RegistrarAddress None Date signed 11-27-41

DURATION

1 day11-28-415:27 P. M. 194119381931