

SEPT 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

26919

Do not use this space.

1. PLACE OF DEATH

(a) County..... / Registration District No. 791
(b) Township..... / Primary Registration District No. 1008
(c) City St. Louis (d) Street No. Deaconess Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No. 6933

2. PRINT FULL NAME John J. Schweppe

(a) Residence, No. 905 Market St. 25
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edna Schweppe

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4, 1897

7. AGE YEARS MONTHS DMS If LESS than 1 day, hrs. or min.
41 0 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Deputy Sheriff
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 7-21-38 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

FATHER 13. NAME Joseph Schweppe

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Leona Wagner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Joe B. Schweppe 905 Market St

18. BURIAL, CREMATION, OR REMOVAL PLACE S.S. Peter & Paul DATE 8-6-38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Oscar J. Hoffmeister 444 Chippewa St

20. FILED AUG 4 1938 J.V. Budnick

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-3-38, 19

22. I HEREBY CERTIFY, That I attended deceased from July 28, 1938, 19, to Aug. 3, 1938, 19.

I last saw him alive on Aug. 2, 1938, 19. Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

Acute gangrenous appendicitis Date of onset 7/28/38
General Peritonitis 7/29/38

Other contributory causes of importance: General Peritonitis

Name of operation Appendectomy Date of 7/29/38

What test confirmed diagnosis? Examination there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Dr. J. Stewart M. D. (Address) Cheminon Bery

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 Edwin H. Leibinger

Licensed Embalmer No. 4049

P. O. Address 4016 Chipman

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, above space should be left blank.