

REC'D MAY 10 1939

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

12400
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 791
(b) Township St. Louis Primary Registration District No. 1003
(c) City St. Louis (d) Street No. Washington Hospital Registered No. 3832
(If death occurred in hospital or institution, write its name instead of street and number) St.
(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.

2. PRINT FULL NAME Joseph Schweigel

(a) Residence, No. 3712 Viking St. WR Lehigh, Mo.
(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 Catherine Schweigel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 21, 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 7 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired soldier
9. Industry or business in which work was done, as saw mill, bank, etc. U.S. Army
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MissouriFATHER 13. NAME Joseph Schweigel14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknownMOTHER 15. MAIDEN NAME unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown17. INFORMANT (ADDRESS) Catherine Schweigel
3712 Viking18. BURIAL, CREMATION, OR REMOVAL PLACE Natl. Jeff. Brks. DATE April 25/3919. FUNERAL DIRECTOR (ADDRESS) Fendler Und. Co.
7420 Michigan Ave.20. FILED J. B. Bradeck 19 APR 25 1939
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 22, 193922. I HEREBY CERTIFY, That I attended deceased from Aug 30, 1938, to April 22, 1939I last saw him alive on April 21, 1939. Death is said to have occurred on the date stated above, at 10 a.m.

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

Chronic Myocarditis
to splenopathy with dilatation
Date of onset

Other contributory causes of importance:

Carcinoma of Mouth
under the tongue
Name of operation removal of tumor Date of April 25/39
What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No 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) A. H. Peters, M. D.(Address) 414 S. 5th and

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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, Henry J. Schumaker, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

No. _____ or by Oliver E. Boudelle, Registered Apprentice No. 186
working under my personal supervision.

Signed Henry J. Schumaker
Licensed Embalmer No. 2679

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.)