

JAN 18 1939

State File No. _____

Registration District No. 207

Primary Registration District No. _____

Registrar's No. 10689

1. PLACE OF DEATH: 1003

(a) County 1

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

(c) Name of hospital or institution: St. Louis City Hospital #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: 1

(a) State Missouri (b) County _____

(c) City or town St. Louis 11
(If outside city or town limits, write "RURAL")

(d) Street No. 2424 Coleman St.
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

8. (a) PRINT FULL NAME John Schweitzer 326

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

6. (b) Name of husband or wife Margaret Schweitzer 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug. 2 1878
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 12
year 1939 hour 10 minute 20 a. M.

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

61	4	10	hr. _____ min.
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21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

9. Birthplace Rosenberg Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business City of St. Louis

12. Name Henry Schweitzer

13. Birthplace Rosenberg Germany
(City, town, or county) (State or foreign country)

14. Maiden name Barbara Wild

15. Birthplace Rosenberg Germany
(City, town, or county) (State or foreign country)

Immediate cause of death Pulmonary Tuberculosis with Peritonitis

Due to _____

Due to with Peritonitis

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

16. (a) Informant's own signature Sawmon G. Schweitzer

(b) Address 2424 Coleman St.

17. (a) Burial (b) Date thereof 12 -15-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullinane Bros

(b) Address 1710 N. Grand Blvd.

19. (a) DEC 14 1939 (b) J. B. Bullock
(Date received local registrar) (Registrar's signature)

Major findings: 23

Of operations _____

Of autopsy _____

(Licensed Embalmer's Statement on Reverse Side)

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)

23. Signature Joseph M. Zuercher (M. D. or other) 74

Address Deputy Date signed _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically

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.....

Fred Frick

Licensed Embalmer No. *3186*

P. O. Address *St. Louis, 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, above space should be left blank.