

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 9400
Registrar's No. 2883

Registration District No. 791

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Jewish Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Karl Schweizer

3. (b) If veteran, name war _____ 3. (c) Social Security No. 492-059-199

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

6. (b) Name of husband or wife Fannye 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased July 26 1887
(Month) (Day) (Year)

8. AGE: Years 52 Months 8 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Festus Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business Dept. Store

12. Name Berthold Schweizer
18. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Frances Shlenker
15. Birthplace Louisiana
(City, town, or county) (State or foreign country)

16. (a) Informant Albert Schweizer
(b) Address 7840 Pershing

17. (a) Burial (b) Date thereof 3-29-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Sinai Cemetery

18. (a) Signature of funeral director Herman Rudolph
(b) Address 5212 Delmar Blvd.

19. (a) MAR 28 1940
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 713 Westgate
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27
year 1940 hour 12 minute 30 M.

21. I hereby certify that I attended the deceased from March 24
1940 to March 27, 1940
that I last saw him alive on March 27, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Gastric hemorrhage from gastric ulcer

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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)
(a) Means of injury _____

23. Signature Herman W. Coopers (M. D. or other) M.D.
Address 508 N. Grand Date signed 3/28/40

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

MOTHER FATHER

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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 *Charles W. Cooper*

Licensed Embalmer No. *3830*

P. O. Address *5716 Delmar*

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.