

Registration District No.

791

Primary Registration District No.

1003

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: BARNES HOSPITAL

(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 week
 (Specify whether

In this community since birth
 years, months or days)

3. (a) PRINT

FULL NAME Edwin William Schweteye

8. (b) If veteran,

name war. None

3. (c) Social Security

No. 489-09-484. Sex Male5. Color or
race White6. (a) Single, widowed, married,
divorced Married

6. (b) Name of husband or wife

Alma M. (Winter)

6. (c) Age of husband or wife if

alive 48 years

7. Birth date of deceased

Nov.25, 1889

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

50626

hr. _____ min.

9. Birthplace

St. LouisMissouri

(City, town, or county)

(State or foreign country)

10. Usual occupation

Photo Engraver

11. Industry or business

MOTHER FATHER

12. Name Edward Schweteye13. Birthplace St. LouisMissouri

(City, town, or county)

(State or foreign country)

14. Maiden name Mary Söller15. Birthplace Germany

(City, town, or county)

(State or foreign country)

16. (a) Informant's own signature

Mrs. Alma M. Schweteye

(b) Address

4712 Bessie Court17. (a) Burial

(b) Date thereof

6/24/40

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation

Lake Charles Burial Park

18. (a) Signature of funeral director

Math. Hermann & Son

(b) Address

2161 East Fair Avenue19. (a) JUN 22 1940

(b)

J. F. Bredeck

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____(c) City or town St. Louis(d) Street No. 4712 Bessie Court
2161 East Fair Avenue 7
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20
year 1940 hour 4:43 PM minute _____ M.21. I hereby certify that I attended the deceased from June
14, 1940 to June 20, 1940that I last saw him alive on June 20, 1940

and that death occurred on the date and hour stated above

Immediate cause of death Intestinal perforation Duration _____Due to obstruction of intestineDue to hernial strangulation of 3 hrsintestineOther conditions Pulmonary edema 48 hrs
(include pregnancy within 3 months of death)

Major findings:

Of operations Intestinal perforationOf autopsy Pulmonary effusion and
edema No pneumonia

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)

(e) Means of injury _____

23. Signature Ernest B. Drescher (M. D. certifier)Address BARNES HOSPITAL Date signed 6-20-40

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 William G. Bushholz

Licensed Embalmer No. 240 J

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.