

3. No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
OFFICE OF THE COMMISSIONER
FILED SEP 17 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26991

State File No.

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6783

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

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: 5216a Sutherland
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community. 64 years (Specify whether years, months or days)

3. (a) PRINT FULLNAME. Mr. Ferd Schweickhardt

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

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

6. (b) Name of husband or wife. Mrs. Belle Hammel Schweickhardt 6. (c) Age of husband or wife if 62 years

7. Birth date of deceased. November 4, 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 8 15hr.min.

9. Birthplace Rochester N. Y.
(City, town, or county) (State or foreign country)

10. Usual occupation Druggist

11. Industry or business Drug Store

MOTHER FATHER { 12. Name Joseph Domanick Schweickhardt

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

14. Maiden name Louise Blau

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

16. (a) Informant. Mrs. D. Schweickhardt
(b) Address. 5216a Sutherland

17. (a) Burial (b) Date thereof. August 23, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director. Beiderwieden F. H. Inc.
(b) Address. 1936 St. Louis Avenue

19. (a) AUG 21 1941 (b) A. J. Redeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County.....
(c) City or town. St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 5216a Sutherland (If rural, give location)
(e) If foreign born, how long in U. S. A.? 64 years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 19 year 1941 hour 3 minute 00 P. M.

21. I hereby certify that I attended the deceased from May 24 1941, to Aug 19 1941, that I last saw him alive on Aug 6 1941, and that death occurred on the date and hour stated above.

Immediate cause of death.....
Coronary artery disease
Beiderwieden

Due to arteriosclerosis, coronary artery disease

Due to Heart

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations Myocardial infarction, Coronary artery disease, atherosclerosis
Of autopsy see above

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) (e) Means of injury

23. Signature L. H. Kampman (M. D. or other) D
Address 203 Brownwood Bldg Date signed 8/20/41

Dr. L. H. Hempelmann

Beaumont Bldg.
3722 East

8:30-9:30

2-3 P.M.

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.....

Wale Harness

Registered Apprentice No. *393*

working under my personal supervision.

Signed.....

Wale Harness

Licensed Embalmer No. *3737*

P. O. Address *1936 St. Louis*

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, fact should be so stated above.