

FILED

JUN 9 1943

318

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
 (b) City or town St. Louis, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 16 Day (Specify whether
 In this community 36 years (Specify whether
 years, months or days)

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. 1904 D 7 (If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME Joseph Schweitzer

3. (b) If veteran, name was 0 3. (c) Social Security No. 0

4. Sex Male 5. Color or race White 6. (a) Status Married
 divorced 0
 6. (b) Name of husband or wife Anna Schweitzer (c) Age of husband or wife if
 alive 65 years
 7. Birth date of deceased about 1873
 (Month) (Day) (Year)

8. AGE: Years about 69 Months Days If less than one day
 hr. min.

9. Birthplace Jugo Slavia (City, town, or county) (State or foreign country)

10. Usual occupation Day Laborer

11. Industry or business

12. Name Anton Schweitzer
 13. Birthplace Jugo Slavia (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Jugo Slavia (City, town, or county) (State or foreign country)

16. (a) Informant Andrew Schweitzer

(b) Address 1904 D 7 St

17. (a) Burial (Burial, cremation, or removal) St. Peter's Church (b) Date thereof June 2/43
 (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Church

18. (a) Signature of funeral director St. Peter's

(b) Address JUN 2 1943 1843 J. F. Bredek

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30,
 year 1943 hour 9:30 minute 0 A.M.

21. I hereby certify that I attended the deceased from May
15, 1943 to May 30, 1943
 that I last saw him alive on May 30, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis

Due to 0

Due to 0

Other conditions (Include pregnancy within 3 months of death) 0

Major findings: Of operations 0

Of autopsy Refused

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 0

(b) Date of occurrence 0

(c) Where did injury occur? (City or town) (County) (State) 0

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0

While at work? (Specify type of place) (c) Means of injury 0

23. Signature Frank Stanley (M. D. or other) U.S.

Address 1515 Lafayette Avenue Date signed 6/1/43

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

MOTHER FATHER

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 Thomatis.....

Licensed Embalmer No. 1619.....

P. O. Address 2906 Grover.....

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.