

7. S. No. 2
FORM-8-43
rev. 5-17-39
X37823

23415

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUL 26 1944 318

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
4315 Obear Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Since Birth
years, months or days

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. 4315 Obear Avenue
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MINNIE SCHWEGLER

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nickolas Schwegler

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 8, 1878
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17
year 1944 hour 2 minute 45 M.

21. I hereby certify that I attended the deceased from July 2, 1944 to July 17, 1944
that I last saw her alive on July 17, 1944
and that death occurred on the date and hour stated above.

8. AGE: Years 66 Months 0 Days 9 If less than one day
hr. _____ min. _____

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

Immediate cause of death Hemiplegia involving R. side - 10 days

Due to _____

Due to _____

Other conditions Organic Valvular heart lesion
(Include pregnancy within 3 months of death)

11. Industry or business _____

12. Name Herman Helling

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

14. Maiden name Christine Schuchmann

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

16. (a) Informant Nicholas Schwegler

(b) Address 4315 Obear Avenue

17. (a) Burial (b) Date thereof 7/20/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethany Cemetery

18. (c) Signature of funeral director Math. Hermann & Son
2161 East Fair Avenue

(b) Address _____

19. (a) JUL 19 1944 J. F. Bruleck
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____

Of autopsy _____

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 J. M. Shaw (M. D. or other) _____
Address 2330 Union Date signed July 17, 1944

MOTHER FATHER

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

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 *Georas W. Duteale*.....

Licensed Embalmer No. *4329*.....

P. O. Address.....

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.