

S. No. 2
M-5-43
7. 5-17-39
I X36671

FILED FEB 10 1948

Registration District No. **18** Primary Registration District No. **1003**

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

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:
Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 months
(Specify whether years, months or days)

In this community 6 months

3. (a) PRINT FULL NAME GEORGE SCHWIEDER

3. (b) If veteran, no 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 Mamie Latham

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Oct. 10, 1885
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>3</u>	<u>16</u>	hr. _____ min. _____

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

10. Usual occupation Garage

11. Industry or business _____

12. Name Andrew J. Schwieder

13. Birthplace Pilot Knob Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Caroline Kreamelmeyer

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

16. (a) Informant Mrs. Pauline Eicks

(b) Address 7180 Delmar, University City

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1/28/47
(Month) (Day) (Year)

(c) Place: burial or cremation Steeleville, Mo.

18. (a) Signature of funeral director Alexander & Sons (Inc)

(b) Address 6175 Delmar Blvd., St. Louis, Mo.

19. (a) JAN 27 1948 (Date received by registrar) J. F. Brecken (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Crawford

(c) City or town Steeleville
(If outside city or town limits, write "RURAL")

(d) Street No. none
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 26th
year 1947 hour 4:55 minute A.M.

21. I hereby certify that I attended the deceased from May 1946 to Jan 26 1947
that I last saw h. alive on Jan 25 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomatous Duration 6 mo.

Due to Carcinoma of Colon & Rectum (proyed) 1 yr.

Due to Primary-Rectum

Other conditions Resection of Colon + Rectum May 1946
(Include pregnancy within 3 months of death)

Major findings: Hb

Of operations _____

Of autopsy _____

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)

(c) Means of injury _____

23. Signature Ray David Williams (M. D. or other) P

Address 114 N. Taylor, St. Louis Date signed 26 Jan 47

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 Joseph E. McCulloch
Licensed Embalmer No. 2460
P. O. Address 6135 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, fact should be so stated above.