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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 16 1947

Registration District No. 3

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3069

State File No. 3444

Registrar's No. 20

1. PLACE OF DEATH:

(a) County St. Louis,

(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 11 Hanley Downs
(If not in hospital or institution, write street number or location)

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

In this community 7 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 11 Hanley Downs
(If rural, give location)

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

If yes, name country ----------

3. (a) PRINT FULL NAME Mrs. Marie Schweizer

3. (b) If veteran, name war ------

3. (c) Social Security No. ------

4. Sex F.

5. Color or race W.

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

6. (b) Name of husband or wife Daniel

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

7. Birth date of deceased July (Month) 13 (Day) 1862 (Year)

8. AGE: Years 84 Months 5 Days 22 If less than one day ____ hr. ____ min.

9. Birthplace Broms Kirchen (City, town, or county) Germany (State or foreign country)

10. Usual occupation At Home

11. Industry or business ----------

FATHER
12. Name George Marburger
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Edwin C. Shurig

(b) Address 11 Hanley Downs

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 7, 47 (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Beiderwieden F. H. Inc.

(b) Address 1936 St. Louis, Ave.

19. (a) 1-8-47 (Date received local registrar) (b) Ruth Allen MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 4th year 1947 hour 5:00 minute P. M.

21. I hereby certify that I attended the deceased from December 26th, 1946, to January 4, 1947, that I last saw h. alive on January 4th, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pneumonia (Hypostatic)	5 days
Due to Chronic valvular heart disease	2 yr
Due to General arterial sclerosis	5 yr.
Other conditions (Include pregnancy within 3 months of death) None	

Major findings:
Of operations None
Of autopsy None

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) X

(b) Date of occurrence X

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

(d) Did injury occur in or about home, on farm, in industrial place, in public place? X (Specify type of place)

While at work? X (e) Means of injury 0

23. Signature [illegible] (M. D. or other)

Address [illegible] Date signed 1/5/47

(Licensed Embalmer's Statement on Reverse Side)

FEB 26 1944

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 Neal C Paulson

Licensed Embalmer No. 4114

P. O. Address 1936 St. Louis Ave

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.