

FILED MAR 3 1948

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 6079

Registrar's No. 17

1. PLACE OF DEATH:

(a) County STE. GENEVIEVE  
(b) City or town RURAL STE. GENEVIEVE T.S.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community LIFE years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County STE. GENEVIEVE  
(c) City or town RURAL  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JOSEPH HENRY SCHWEIGERT

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 EMMA R GIELLER  
6. (c) Age of husband or wife if alive 55 years  
7. Birth date of deceased JUNE 8 1894  
(Month) (Day) (Year)

8. AGE: Years 61 Months 8 Days 17  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace OSORA MO  
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business \_\_\_\_\_

12. Name ANDREW SCHWEIGERT

13. Birthplace RIVER AVE VASER MO  
(City, town, or county) (State or foreign country)

14. Maiden name MALDAKERA ROTH

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

16. (a) Informant Esther Brandt

(b) Address 1943 D'AMATO COURT, JENNINGS MO

17. (a) BURIAL (b) Date thereof 2-28-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OSORA MI

18. (a) Signature of funeral director Wm. C. Bagler

(b) Address St. Genevieve Mo

19. (a) 2-28-48 (b) Laura M. Durl  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 25  
year 1948 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from FEB. 23  
1948 to FEB. 25 1948  
that I last saw h. l. m. alive on FEB. 25 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 2 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions. (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 04A

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) (e) Means of injury \_\_\_\_\_

23. Signature William S. Bagler (M. D. or other) M.D.

Address St. Genevieve Mo Date signed 2-27-48

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

MOTHER FATHER

RECEIVED

Health Officer No. 4  
File Number 348-301  
3-2-48

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.....

*Adrian J. Ellis*

....., Registered Apprentice No. 34

working under my personal supervision.

Signed *Les C. Barber*

Licensed Embalmer No. 1985

P. O. Address *St. Genevieve, Mo.*

**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.**