No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 23 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34946

Registration District No. 327 Primary Registration District No. 3066 Registrar's No. 2083

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

96
4
3

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
454 S. Harrison Ave. 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 Several Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")
(d) Street No. 454 S. Harrison Ave. 3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Christian Schweikert
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife May Helen Schweikert
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased November (Month) 23, (Day) 1867 (Year)

8. AGE: Years 80 Months 10 Days 8 If less than one day hr. min.

9. Birthplace Thalhein (City, town, or county) Germany 11 (State or foreign country)
10. Usual occupation Retired Contractor 1
11. Industry or business

FATHER
12. Name Ludwig Schweikert 1
13. Birthplace (City, town, or county) Germany 6 (State or foreign country)

MOTHER
14. Maiden name Katherine 11
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Mrs. May Schweikert
(b) Address 454 S.Harrison Ave.Kirkwood
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/4/48 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cemetery
18. (a) Signature of funeral director Louis H. Bopp, Inc.
(b) Address 131 W.Argonne Dr., Kirkwood
19. (a) 10-1-48 (Date received local registrar) (b) Carl A. J. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day Oct. year 1948 hour minute M.
21. I hereby certify that I attended the deceased from Sept 12, 1948, to Sept 30, 1948; that I last saw him alive on Sept 30, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to 93d

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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?
(Specify type of place)
While at work? (e) Means of injury 0
23. Signature Royal C. McLean MD (M. D. or other)
Address Kirkwood Mo. Date signed 10/1/48

(Licensed Embalmer's Statement on Reverse Side)

MAR 25 1957

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 Peter B. Dubrouillet

Licensed Embalmer No. 3691

P. O. Address Richmond Heights, M

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.