

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32235

State File No. ....

FILED OCT 4 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 4469 Registrar's No. 63

0951

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>STE. GENEVIEVE</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>STE. GENEVIEVE</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>STE. GENEVIEVE</u>		c. LENGTH OF STAY (in this place) <u>1 WEEK</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL BEAUVIERS T.S. 1</u>		d. STREET ADDRESS (If rural, give location) <u>ST MARY'S MO STAR ROUTE</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u>					
3. NAME OF DECEASED a. (First) <u>BARBARA</u>			b. (Middle) <u>ANN</u>	c. (Last) <u>SCHWEIGERT</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>SEPT 12 1881</u>	9. AGE (In years last birthday) <u>70</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT 18 1951</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>ST MARY'S MO ID</u>	
13a. FATHER'S NAME <u>CHRISTOPHER DALLAS</u>			13b. MOTHER'S MAIDEN NAME <u>MARY BARR</u>		14. NAME OF HUSBAND OR WIFE <u>ANDREW SCHWEIGERT</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Andrew Schweigert Sr. Beauviers, Mo</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>?</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION  <u>4221</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from <u>Sept. 12</u> , 19 <u>51</u> , to <u>Sept. 18</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Sept. 18</u> , 19 <u>51</u> , and that death occurred at <u>11:00 P. M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>R. L. Lanning M.D.</u>			23b. ADDRESS <u>St. Genevieve Mo</u>		23c. DATE SIGNED <u>9/19/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>SEPT 21 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SACRED HEART Cem</u>		24d. LOCATION (City, town, or county) (State) <u>OZORA MO</u>	
DATE REC'D BY LOCAL REG. <u>Sept. 22, 1951</u>	REGISTRAR'S SIGNATURE <u>Debra M. Fox-Depo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Leoc. Basher Sr.</u>		ADDRESS <u>Genevieve Mo</u>

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

SEP 27 1951

RECEIVED

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Student Embalmer

Signed

*Adrian J. Eller*

Licensed Embalmer No. 4740

P. O. Address Ste. 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.