

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35910**
 FILED NOV- 8 1951  
 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 3545

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RICHMOND HEIGHTS</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Clayton</b>	
c. LENGTH OF STAY (In this place) <b>3 days</b>		d. STREET ADDRESS (If rural, give location) <b>#6; COLONIAL COURT.</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>ST. MARYS HOSPITAL</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>OTTO</b>	b. (Middle) <b>F</b>	c. (Last) <b>SCHWEER.</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>OCT. 29, 1951</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>April 20, 1890</b>	9. AGE (In years last birthday) <b>61</b>	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ass't Cashier, 1st Nat'l Bank in St. Louis.</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Gerald, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Julius H. Schweer.</b>	13b. MOTHER'S MAIDEN NAME <b>Dorothy Roedder.</b>	14. NAME OF HUSBAND OR WIFE <b>Laura Wind Schweer.</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, report unknown) <b>Yes</b> (If yes, give war or dates of service) <b>W.W.I</b>	16. SOCIAL SECURITY NO. <b>498-03-0021</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Laura W. Schweer. - Colonial Lane</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary thromboses</b>  ANTECEDENT CAUSES <b>Coronary heart disease</b> <b>Myocardial degeneration</b> DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>Three days</b> <b>several years.</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <b>YES</b> <input checked="" type="checkbox"/> <b>NO</b> <input type="checkbox"/>
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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) <b>4201</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 10/26, 1951 to 10/29, 1951, that I last saw the deceased alive on 10/29, 1951, and that death occurred at 4:25 p.m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Thomas E. Braxton M.D.</b>	23b. ADDRESS <b>4660 Kenwood.</b>	23c. DATE SIGNED <b>10/30/51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Nov. 2, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Mo.</b>
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DATE REC'D BY LOCAL REG. <b>10. 31 - 51</b>	REGISTRAR'S SIGNATURE <b>Hubert P. Lomke, M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C.R. Lupton &amp; Sons; 7233 Delmar Blvd.</b>
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**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.....

*Arnold W. Schoene*

Licensed Embalmer No. ....

*3864*

P. O. Address.....

*St. Louis, 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.