

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1953

State File No. _____

0570

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

FILED FEB 8 1954

REG. DIST. NO. 179

PRIMARY REG. DIST. NO. 5767

Registrar's No. 8

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St Charles	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Troy		c. LENGTH OF STAY (in this place) 5 Months	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lincoln Co Memorial Hosp		d. STREET ADDRESS (If rural, give location) Foristell Mo, 0920 1	
3. NAME OF DECEASED a. (First) William		b. (Middle) August	
c. (Last) Schwier		4. DATE OF DEATH (Month) (Day) (Year) Feb I 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec 7 1885
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own Farm	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 68
11. BIRTHPLACE (State or foreign country) Warren Co MO		12. CITIZEN OF WHAT COUNTRY? U.S A	
13a. FATHER'S NAME Henry Schwier		13b. MOTHER'S MAIDEN NAME Minnie Kimmel	
14. NAME OF HUSBAND OR WIFE Georgia Lee Schwier		17. INFORMANT'S SIGNATURE OR NAME Georgia Lee Schwier Foristel	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) meta state carcinoma ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Primary carcinoma of stomach 1 year DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 151X	
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?		21g. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Sept 1953 , to Feb 1954 , that I last saw the deceased alive on 2/1 , 1954, and that death occurred at 9:00 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) F. C. Mc Murray MD		23b. ADDRESS Wentzville Mo	
23c. DATE SIGNED 2/2/54		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Feb 3 1954		24c. NAME OF CEMETERY OR CREMATORY Wright City Cemetery	
24d. LOCATION (City, town, or county) (State) Wright City Mo		25. FUNERAL DIRECTOR'S SIGNATURE Emma R. Riddle	
DATE REC'D BY LOCAL REG. 2-6-54		ADDRESS Nieburg Furn & Und CO Wright City Mo	

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, *by*

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Julius J. Feiburg
Licensed Embalmer No. *3368*

P. O. Address

Wright City, 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.