

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 4469 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>Ste. Genevieve</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Ste. Genevieve</u>		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Ste. Genevieve</u>)		c. LENGTH OF STAY (in this place) <u>35 yrs</u>	c. CITY OR TOWN <u>Ste. Genevieve</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>189 North 8th</u>			e. STREET ADDRESS (If rural, give location) <u>189 North 8th</u> <u>095/0</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>LEO</u> b. (Middle) <u>WILLIAM</u> c. (Last) <u>SCHWEISS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 16 1954</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 10, 1908</u>	9. AGE (In years last birthday) <u>46</u>	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Miner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Lime</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Zell, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>August Schweiss</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Grass</u>	14. NAME OF HUSBAND OR WIFE <u>Anna Gieler</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>494-07-0210</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Anna Schweiss Ste. Genevieve, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Right lung</u> INTERVAL BETWEEN ONSET AND DEATH <u>6 mo.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. <u>Neurosis of lung 103X</u> <u>13 hours</u>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			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>April 15, 1954</u> , to <u>April 16, 1954</u> , that I last saw the deceased alive on <u>April 15, 1954</u> , and that death occurred at <u>6:15 a.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>R. L. Lanning M.D.</u> (Degree or title) <u>D</u>			23b. ADDRESS <u>Ste. Genevieve Mo</u>		23c. DATE SIGNED <u>4/17/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-19-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>	24d. LOCATION (City, town, or county) (State) <u>Ste. Genevieve, Mo</u>		
DATE REC'D BY LOCAL REG. <u>4-18-54</u>	REGISTRAR'S SIGNATURE <u>Luella Barber</u> <u>481</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Jerome J. Sauter Ste. Genevieve, Mo</u>			

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

JUN 10 1954

APR 5 1953

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.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No..3817..

P. O. Address Ste. Genevieve

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.