

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046293

STATE FILE NUMBER

FILED JAN 6 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11303

300-3
-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Bellefontaine Neighbors
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA CITY HOSPITAL		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 27 932 Coach'n Six Ct.

3. NAME OF DECEASED (Type or print) First Middle Last Walter L. Schweppe			4. DATE OF DEATH Month Day Year Nov. 23 1958		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH January 12, 1939	9. AGE (In years last birthday) 19	10. F UNDER 1 YEAR Months Days	11. IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Draftsman	10b. KIND OF BUSINESS OR INDUSTRY Fabricated Piping	11. BIRTHPLACE (City and state or country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Martin F. Schweppe	13b. MOTHER'S MAIDEN NAME Hilda A. Schneider	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? No. (no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Martin F. Schweppe	Address 932 Coach'n Six Ct.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carbon Monoxide Poisoning</i> 3 degree Burns of 80% of Body.		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (unrelated conditions enter in PART I (a)) <i>suffered cerebral thrombosis between eye apparently operated by</i>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. TIME OF INJURY 1207 a.m. 11 23 58 November 23, 1958	20b. PLACE OF INJURY (e.g., in or about home, farm, etc., or street, office bldg., etc.) 8 Street	20c. CITY, TOWN, OR LOCATION St. Louis Mo.	20d. COUNTY St. Louis Co.	20e. STATE Mo.
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21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ 1:50 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>James M Kelly</i>	(Degree or title) Deputy	22b. ADDRESS 1300 Clark	22c. DATE SIGNED 11-24-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Nov. 25, 1958	23c. NAME OF CEMETERY OR CREMATORY New Bethlehem, Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
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24. FUNERAL DIRECTOR Beiderwieden F.H.Inc. 1936 St. Louis	25. DATE RECD. BY LOCAL REG. NOV 24 '58	26. REGISTRAR'S SIGNATURE <i>Carl Smith</i>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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.

W. H. Embalmer

Student
Signature of Student Embalmer

Signed *William P. H. Lee*

Licensed Embalmer No.....

P. O. Address.....

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.