

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-0485-11
STATE FILE NUMBER

Registration District No. 162 Primary Registration District No. 5595 Registrar's No. 147

DO NOT WRITE ON THIS STUB
AMENDED

VS 300
Rev. 4/59

10500
2169
3
4 0
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9334x
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1286-0
13 4-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

FILED JAN 2 1964

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Imperial</u>		Length of stay in 1b	c. CITY OR TOWN <u>ST. Louis</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Four Oaks Rest Home</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>3449 1/2 47th</u>
3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>L.</u> Last <u>Schwoebli</u>		4. DATE OF DEATH Month <u>Dec.</u> Day <u>29</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept. 17, 1893</u>
9. AGE (last birthday) <u>90</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Brewer</u>	11. BIRTHPLACE (City and state or country) <u>Germany</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13. NAME OF HUSBAND OR WIFE <u>Rose Schwoebli</u>	
13a. FATHER'S NAME <u>Ludwig Schwoebli</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	
14. NAME OF HUSBAND OR WIFE <u>Rose Schwoebli</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.		17. INFORMANT <u>Fanny Carroll RT-1 Box 309 High Ridge Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Arterial Sclerosis.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u>	
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 but not related to the terminal disease condition given in PART I (a)	
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u> </u> s.m. <u> </u> p.m. <u> </u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>ST. Louis, Mo.</u>	
20g. COUNTY		20h. STATE	
21. I attended the deceased from <u>11/1/63</u> to <u>12/29/63</u> and last saw him alive on <u>12/29/63</u> Death occurred at <u>12:45</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22. SIGNATURE (Degree or title) <u>Charles Burnside M.D.</u>	
22b. ADDRESS <u>206 West Argonne Drive Highland, Missouri 63122</u>		22c. DATE SIGNED <u>12/30/63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>Dec. 31, 1963</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>New Pickers Cemetery</u>		23d. LOCATION (City, town, or county) <u>ST. Louis, Mo.</u>	
24. FUNERAL DIRECTOR <u>Witt Mortuary</u>		25. DATE RECD. BY LOCAL REG. <u>12/30/63</u>	
26. ADDRESS <u>6409 Gravois</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Granta Schmitt</u>	

USE BLACK INK OR TYPEWRITER RIBBON

Dir. Chas. B. ...

206 W. ARGONNE

9³⁰ to 12 noon

JAN 6 1964

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 Harold M. Seymour

Licensed Embalmer No. 4343

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