

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

37735

1. PLACE OF DEATH

County Registration District No. 797
Township Primary Registration District No. 1000
City St. Louis (No. 2427, S. 18 St.)

File No.
Registered No. 10436
St. Ward)

2. FULL NAME Genevieve M. Schweizer

(a) Residence, No. 2427 S. 18 St. St., 23 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 6 - 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 10 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Get Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

13. NAME George Kessler 10

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Genevieve Buckhardt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

17. INFORMANT Lio Schweizer (ADDRESS) 5017 N. Langhorne

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter - Paul, DATE Nov 28, 1932

19. UNDERTAKER J. H. ... (ADDRESS) ...

20. FILED NOV 25 1932 Max ... Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 25, 1932

22. I HEREBY CERTIFY That I attended deceased from November 19 32 to NOV 25 1932, 1932

I last saw h. alive on NOV 25 1932, 1932 Death is said to have occurred on the date stated above, at 3 a. m.

The principal cause of death and related causes of importance were as follows:

Assthma
93c
112
930
Chon Myocarditis, Hydropsy

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 1932

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D. Robert Greiderer, M. D.

(Address) 1012 Beyer

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PC 316 179

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