

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

Do not use this space.

26321

1. PLACE OF DEATH

48 County JACKSON Registration District No. 398
 5 Township BLUE Primary Registration District No. 2019
 8 City INDEPENDENCE (No. INDEPENDENCE SANITARIUMS) Ward

2. FULL NAME

ALBERT H SCHWEIKHAUS

(a) Residence, No. RURAL ROUTE #3 St. _____ Ward. _____
 (Usual place of abode) (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 MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF MRS ELIZABETH H. SCHWEIKHAUS
 (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY-11-1899

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	56	2	22	

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

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

10. Date deceased last worked at this occupation (month and year) JULY-1933 11. Total time (years) spent in this occupation. 30 YRS

12. BIRTHPLACE (CITY OR TOWN) MAGON
 (STATE OR COUNTRY) MISSOURI

13. NAME FRANK K. SCHWEIKHAUS

14. BIRTHPLACE (CITY OR TOWN) GERMANY
 (STATE OR COUNTRY) _____

15. MAIDEN NAME AUGUSTA KRAFT

16. BIRTHPLACE (CITY OR TOWN) GERMANY
 (STATE OR COUNTRY) _____

17. INFORMANT MRS. ELIZABETH H. SCHWEIKHAUS
 (ADDRESS) Box 207 R. R. #3

18. BURIAL, CREMATION, OR REMOVAL PLACE ELMWOOD-K.C.MO. DATE AUGUST 4 1933

19. UNDERTAKER D W NEWCOMER'S SONS
 (ADDRESS) KANSAS CITY, MISSOURI

20. FILED 8-9 1933 L. Cork
 Registrar.

2) MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) AUGUST-2, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 30, 1933, to August 2, 1933
 I last saw him alive on August 18, 1933 Death is said to have occurred on the date stated above, at 1:40 A.M.

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

Ruptured Gastric Ulcer
Chronic Myocarditis
11/9/33

Other contributory causes of importance: _____

Name of operation Closure of ruptured ulcer Date of 1/30/33

What test confirmed diagnosis? Cancer Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 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) Stewart Hillman, M. D.
 (Address) 10307 Independence Ave K.C.MO

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.

SEP 26 1933

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10307 Independence Ave
3-6:30