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.

NOV 13 1934

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

791

Do not use this space.

37868

1. PLACE OF DEATH

County ..... Registration District No. 1003

Township ..... Primary Registration District No. .....

City St. Louis, (No. St. Anthony Hospital St. ..... Ward)

File No. .....

Registered No. 10354

2. FULL NAME Helen Schweiger

(a) Residence, No. 2810a Meramec St. St., 15 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: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 15, 1880.

7. AGE: Years 54 | Months 2 | Days 8. | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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)

11. Total time (years) spent in this occupation

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

FATHER

13. NAME Louis Schollmeyer.

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

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Birthplace Unknown.

John Schweiger

17. INFORMANT (ADDRESS) 2810a Meramec St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Old St. Marcus Cem. DATE Oct. 26, 1934.

19. UNDERTAKER (ADDRESS) J. H. Gebken & Co. 2842 Meramec St.

20. FILED OCT 25 1934 Jos. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from March, 1928, to Oct 23, 1934
I last saw her alive on Oct. 23, 1934 Death is said to have occurred on the date stated above, at 12 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage, left	30 hrs
	Oct. 22
	1934
Other contributory causes of importance:	
Arterio-sclerosis, general	1928
Nephritis, chronic	1932

Name of operation None Date of —
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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? No
If so, specify —

(Signed) A. A. Cleveland M. D.
(Address) 3326 Meramec St.