

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

Do not use this space.

FEB 28 1935

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1003

7219

1. PLACE OF DEATH

County _____ Registration District No. _____
Township _____ Primary Registration District No. _____
City St. Louis (No. 738 Nauvoo Ave) St. _____ Ward _____

File No. _____
Registered No. 1636
St. _____ Ward _____

2. FULL NAME

Henry G. Schweickardt
(a) Residence, No. 738 Nauvoo Ave St. 18 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 Male 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 Theresa Schweickardt
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 29, 1885
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 9 18

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Truly Stry Co
10. Date deceased last worked at this occupation (month and year) about 2 weeks ago 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

FATHER
13. NAME George Schweickardt

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

MOTHER
15. MAIDEN NAME Louise Oesterich

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT Theresa Schweickardt
(ADDRESS) 738 Nauvoo Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cahary Cem DATE 2-19-35

19. UNDERTAKER Theresa Schweickardt
(ADDRESS) 4104 Manchester

20. FILED 18 1935 19 J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-16 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1935, to Feb 16, 1935

I last saw him alive on Feb 15, 1935. Death is said to have occurred on the date stated above, at 2:40 m.

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

Carb of Embolism Sudden

Other contributory causes of importance:
ant. fibrous
Renal

Name of operation _____ Date of _____
What test confirmed abnormal 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) Edward H. Snyder, M. D.
(Address) 705 Olive

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.

705 Olive St. Central National Bank
Chk 6969
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