

DEC 19 1935

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

Do not use this space.

27046-6

1. PLACE OF DEATH

County MorganRegistration District No. 548Township LibertyPrimary Registration District No. 5740City Palmyra (No.)File No.
Registered No. 66
St. Ward)

2. FULL NAME

John C. Schwieter
(a) Residence, No. St. Ward.
(Usual place of abode) Hambour (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 M. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Vinnie B. Chapman6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11/23/18737. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
62 9 68. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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 44 yrs12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blackhawk, Colo.13. NAME Char. Schwieter14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Johanna Messmer16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT Vinnie B. Schwieter
(ADDRESS) Maplewood, Mo.18. BURIAL, CREMATION, OR OTHER PLACEMENT OF BODY
PLACE Palmyra DATE 8/30 193519. UNDERTAKER J. C. Mead
(ADDRESS) Palmyra, Mo.20. FILED Oct. 10 1935 Bertrude Lee
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 28, 193522. I HEREBY CERTIFY, That I attended deceased from Aug 28, 1935, to Aug 28, 1935I last saw him alive on Aug 28, 1935. Death is saidto have occurred on the date stated above, at 1 p. m.

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

Hypertension Date of onset Aug 30
Cerebral Hemorrhage

Other contributory causes of importance:

[Signature]

Name of operation Date of

What test confirmed diagnosis? Clinical 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? No

If so, specify

(Signed) [Signature], M. D.(Address) Palmyra Mo

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.

MEMORANDUM FOR THE DIRECTOR, FBI

DATE: 10/15/54

FROM: SAC, NEW YORK

TO: DIRECTOR

SUBJECT: [REDACTED]

[REDACTED]

[REDACTED]

RE: [REDACTED]

[REDACTED]



[REDACTED]

[REDACTED]