AUG - 5 1937

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

Do not use this space.

25961

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis, Mo. (No. St. Johns Hospital St. ..... Ward)

File No. ..... Registered No. 7135

2. FULL NAME John Schweer

(a) Residence, No. ..... St., NR Ward. Gerald, Mo.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 6th, 1874

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
63	5	17	

OCCUPATION

8. 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) May 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Franklin County, (STATE OR COUNTRY) Missouri

FATHER

13. NAME Frederick Schweer

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

MOTHER

15. MAIDEN NAME Nancy Strain

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

17. INFORMANT Mrs Tena Schweer (ADDRESS) Gerald, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Gerald, Mo. DATE July 29th, 19 37

19. UNDERTAKER Albert H. Hoppe Inc., (ADDRESS) 429 N. Euclid Avenue

20. FILED JUL 27 1937 J. T. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26th, 1937

22. I HEREBY CERTIFY, That I attended deceased from 7-14-, 1937, to 7-26-, 1937

I last saw him alive on 7-26-, 1937. Death is said to have occurred on the date stated above, at 3 P.M.

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

	Date of onset
Carcinoma of liver	

Other contributory causes of importance: Bowel obstruction

Name of operation Laparotomy Date of 7-14-37

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) G. T. Gaffney, M. D.

(Address) 665 E. Euclid

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.

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