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.

REC'D DEC 12 1938

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

791

37579
Do not use this space.

1. PLACE OF DEATH
(a) County ..... 2 Registration District No. 1008
(b) Township ..... 1 Primary Registration District No. ..... Registered No. 9906
(c) City St Louis (d) Street No. 4204 w Kossuth Ave St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 326 Arnold Schweitzer
(a) Residence, No. 4204 w Kossuth Ave St. 10
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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: Nana Flanagan Schweitzer
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 16th 1868
7. AGE: YEARS 70 | MONTHS 2 | DAYS 29 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Merchant
9. Industry or business in which work was done, as 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 Missouri . 0

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown 9

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown 9

17. INFORMANT (ADDRESS): Mrs Nana Schweitzer 4204 w Kossuth Ave
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Calvary DATE: Nov 18th, 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Stroot - Carroll 4600 Natural Bridge Ave
20. FILED NOV 16 1938 J F Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 15th, 1938
22. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1938, to Nov. 15, 1938
I last saw him alive on Nov. 15-38, 19..... Death is said to have occurred on the date stated above, at 1.45pm m.
The principal cause of death and related causes of importance were as follows:

Chronic Brights disease — Date of onset: Indefinite

Other contributory causes of importance:

Name of operation: none. Date of: none.
What test confirmed diagnosis? Urinalysis 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 none.
(Signed) R. J. Rigler, M. D.
(Address) 4158 Newstead av.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed .....

Licensed Embalmer No. 226

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.