

1939 MAR 10

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

6424
Do not use this space.

1. PLACE OF DEATH

(a) County Dunklin Registration District No. 289
(b) Township _____ Primary Registration District No. 4173 Registered No. 3
(c) City Malden (d) Street No. _____ 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. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.
2. PRINT FULL NAME George Herman Schweitzer
(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 Beulah Schweitzer
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 30 June 1864
7. AGE YEARS 74 MONTHS 7 DAYS 18 If LESS than 1 day, hrs. or min.
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) Oct. 20, 1938 11. Total time (years) spent in this occupation 20 yr
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Terre Haute Ind.
13. NAME Herman Schweitzer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
15. MAIDEN NAME Beatha Killenberg
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
17. INFORMANT (ADDRESS) Mrs. Geo. Schweitzer Malden Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Malden Mo DATE 2-20-1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Prairie Malden Mo
20. FILED 2-19-1939 S.G. Mitchell Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 18 1939
22. I HEREBY CERTIFY, That I attended deceased from July 1st 1938, to Feb 18 1939
I last saw him alive on 07/18/39 19..... Death is said to have occurred on the date stated above, at 1 P m.
The principal cause of death and related causes of importance were as follows:
July 1st 1938 cerebral hemorrhage
of 16/39 3rd attack cerebral hemorrhage
arterio-sclerosis about 1929
Date of onset _____
Name of operation none Date of _____
What test confirmed diagnosis? Biopsy 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) S.G. Mitchell M. D.
(Address) Malden 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.

RECEIVED

District Health Officer No. 3

District File Number 39-20

Date Filed 3/7/39

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 W L Craig

Licensed Embalmer No. 1182

P. O. Address Malden Mass

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

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