

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.

REGISTRATION DISTRICT NO. 106

Primary Registration District No. 106

Registrar's No. 1950

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town Kirkwood
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 311 W. Woodbine 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days 326

3. (a) PRINT FULL NAME Lydia Elizabeth Schweitzer

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Peter P 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased April 7 1878
 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>61</u>	<u>6</u>	<u>28</u>	hr. _____ min. _____

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country) 0

10. Usual occupation Housewife 6

11. Industry or business _____ 9

12. Name Henry W. Steinner

13. Birthplace Germany (City, town, or county) (State or foreign country)

14. Maiden name Unknown (City, town, or county) (State or foreign country)

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Peter Schweitzer

(b) Address 311 W. Woodbine Kirkwood Mo

17. (a) Burial (b) Date thereof 11-8-39
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Louis H. Bopp

(b) Address 131 W. Argonne Dr Kirkwood Mo

19. (a) NOV 7 1939 (b) [Signature]
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town Kirkwood
 (If outside city or town limits, write "RURAL")
 (d) Street No. 311 W. Woodbine
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 4
 year 1939 hour 2 minute 45 P. M.

21. I hereby certify that I attended the deceased from September 29, 1939, to November 4, 1939;
 that I last saw her alive on November 4, 1939,
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 4 days
Arterio-sclerosis

Due to Hypertension (arterio-sclerosis)

Due to _____
 Other conditions auricular fibrillation
 (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: 8701
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature John P. Buser M.D. (D. or other) _____
 Address 26 N. S. Calverton La Date signed 11/11/39

B.C.

(Licensed Embalmer's Statement on Reverse Side)

[Signature]

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 Louis H. Bogg, Registered Apprentice No. _____
working under my personal supervision.

Signed Louis H. Bogg
Licensed Embalmer No. 921
P. O. Address Winkwood

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

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