

No. 2
-11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

12423

State File No. _____

FILED APR 8 1940
1984

Registration District No. _____

Primary Registration District No. 111

Registrar's No. 695

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis, Rush-Hyatt
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Marys Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Days.
(Specify whether _____)
In this community _____
years, months or days _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County _____
(c) City or town St. Louis.
(If outside city or town limit write "RURAL")
(d) Street No. 4165a Penrose.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar, day 25
year 1940 hour 8:30 minute a. M.
21. I hereby certify that I attended the deceased from
For past 15 yrs to _____, 19____;
that I last saw him alive on Mar 24, 1940
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME John H. Schwidde.
3. (b) If veteran, name war No. _____
3. (c) Social Security No. None.

4. Sex Male. 5. Color or race White.
6. (a) Single, widowed, married, divorced Single.
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 24th. 1857.
(Month) (Day) (Year)

8. AGE: Years 83 Months 0 Days 1
If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Feed Business.

11. Industry or business _____

MOTHER FATHER
12. Name John H. Schwidde. b
13. Birthplace Germany. b
(City, town, or county) (State or foreign country)
14. Maiden name Anna Huettinger b
15. Birthplace Germany. b
(City, town, or county) (State or foreign country)

16. (a) Informant Edward Schwidde.
(b) Address 4165a Penrose.

17. (a) Burial. (b) Date thereof 3-27-40.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cem.

18. (a) Signature of funeral director H. Tidner and co

(b) Address 1417N. Market St.

19. (a) MAR 26 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

Immediate cause of death uraemia:
Due to Pyelonephritis
bilateral
Due to _____
Other conditions "Senility"
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy 133a

Duration
PHYSICIAN
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?
70'
(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address 100 Paul Street Date signed 3/24/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis

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.