

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. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

State File No. \_\_\_\_\_

Registrar's No. **3315**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
 (b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: St. Anthony Hosp.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 hour  
(Specify whether)  
 In this community Life  
years, months or days

3. (a) PRINT FULL NAME Jacob Schweiger 260

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

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

6. (b) Name of husband or wife Christina 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased January 16, 1880  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>2</u>	<u>22</u>	hr. _____ min. _____

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

10. Usual occupation City Fireman

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Pete Schweiger  
 { 13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
 { 14. Maiden name Unknown  
 { 15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature X Christina Schweiger  
 (b) Address 1924 Arsenal

17. (a) Burial (b) Date thereof 4/12/40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Zion Cemetery

18. (a) Signature of funeral director Wacker - Welderle  
 (b) Address 2331 S. Broadway

19. (a) 4-11-40 (b) J. G. Burdick  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis 24  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1924 Arsenal  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 8  
 year 1940 hour 11 minute 55 P. M.

21. I hereby certify that I attended the deceased from 4/6  
 1940, to 4/8, 1940,  
 that I last saw him alive on 4/6, 1940,  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
 Due to Myocardial Infarction acute 4/8/40  
 Due to Myocardial Infarction Chronic 4/16/40  
Chronic Intestinal Infarction  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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?  
(Specify type of place)  
 While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
 23. Signature Edw. J. Brown (M. D. or other) \_\_\_\_\_  
 Address 1841 12th Date signed \_\_\_\_\_

**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.....

*Frank J. Wilson Sr.*

Licensed Embalmer No.....

*2675*

P. O. Address.....

*St Louis Mo*

**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.**