No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 5 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

26220

State File No.

Registration District No. 784 Primary Registration District No. 115 Registrar's No. 1396

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town ~~University City~~ Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 6632 Washington
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 27 Years years.

3. (a) PRINT FULL NAME Jerome J. Schweitzer
3. (b) If veteran, name war
3. (c) Social Security No. 257-01-0426

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 Feb. (Month) 1 (Day) 1913 (Year)

8. AGE: Years 27 Months 5 Days 25 If less than one day hr. min.

9. Birthplace New York (City, town, or county) (State or foreign country)
10. Usual occupation Advertising
11. Industry or business
MOTHER FATHER
12. Name David Schweitzer
13. Birthplace New York (City, town, or county) (State or foreign country)
14. Maiden name Salenta Kaufman
15. Birthplace On the Ocean (City, town, or county) (State or foreign country)
16. (a) Informant Raymond Schweitzer
(b) Address 6632 Washington
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 28-40 (Month) (Day) (Year)
(c) Place: burial or cremation Beth David - Cemetery - [illegible]
18. (a) Signature of funeral director Oberhauptler
(b) Address 4469 Washington Blvd
19. (a) JUL 27 1940 (Date received local registrar) (b) M. R. Meyer M.D. (Registrar's signature)

20. DATE OF DEATH: Month July day 26
year 1940 hour 12 minute 45 P M.
21. I hereby certify that I attended the deceased from
, 19, to, 19;
that I last saw h alive on, 19;
and that death occurred on the date and hour stated above.

MEDICAL CERTIFICATION

Immediate cause of death Accidental drowning into shallow water (18") in public swimming pool — Duration 7/25/40
Due to Fracture of the 5th Cervical vertebra — Duration 7/25/40
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy 186

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) Accident
(b) Date of occurrence July 25 1940.
(c) Where did injury occur? St. Louis County Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In a Public Swimming Pool (Specify type of place)
While at work? No (e) Means of injury —
23. Signature John C. Conner (M. D. or other)
Address St. Louis Co. Date signed 7/26/40

(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

myself, Registered Apprentice No.

working under my personal supervision.

Signed W. J. Oberhandler

Licensed Embalmer No. 3669

P. O. Address

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

If this body is not embalmed, fact should be so stated above.