

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis  
(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. Johns Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day  
(Specify whether  
In this community 1 day  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County  
(c) City or town Vandalia  
(If outside city or town limits, write "RURAL")  
(d) Street No.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25th  
year 1941 hour 11:00 PM minute M.

21. I hereby certify that I attended the deceased from  
May 24 1941 to May 25 1941  
that I last saw her alive on May 25 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerotic heart disease of the left ventricle  
Due to: Coronary atherosclerosis  
Duration 17 da.

Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations: Of autopsy: Ch. Myocardial infarction - thrombotic coronary artery disease - heart failure

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?

While at work? (Specify type of place) (e) Means of injury  
23. Signature: Alphonse McNealon (M. D. or other) Address: 506 Mo. Bldg Date signed: 5/26-41

3. (a) PRINT FULL NAME Mary L. Schweteye

3. (b) If veteran, name war: None (c) Social Security No. None

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

6. (b) Name of husband or wife: Edward H. Schweteye 6. (c) Age of husband or wife if alive: 78 years

7. Birth date of deceased: October 8, 1865 (Month) (Day) (Year)

8. AGE: Years 75 Months 7 Days 17 If less than one day hr. min.

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

10. Usual occupation: At home

11. Industry or business

12. Name: Henry Soelter

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

14. Maiden name: Caroline Erhoff

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

16. (a) Informant: Edward H. Schweteye

(b) Address: Vandalia, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5/28/41 (Month) (Day) (Year)

(c) Place: burial or cremation: Lake Charles Cemetery

18. (a) Signature of funeral director: Math Hermann & Son

(b) Address: 2161 East Fair Ave

19. (a) MAY 27 1941 (Date received local registrar) (b) [Signature] (Registrar's signature)

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

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**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.....  
*Terence J. Campbell*

Licensed Embalmer No. *2967*

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, fact should be so stated above.**