

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

3669

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

FILED JAN 27 1942

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

Primary Registration District No. 20

Registrar's No. 110

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Prospect Hill Mo. Portland Cement Co  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community 43 years  
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 limits, write "RURAL")  
(d) Street No. 713 Barton St.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 13  
year 1942 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from July 1940  
to Jan 1942  
that I last saw him alive on Jan 10 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Crown Thrombosis  
Due to Hyperfusion  
Due to 940

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations none  
Of autopsy none

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) none  
(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 S. H. Gray (M. D. or other) MD  
Address 3626 Gravois Date signed 1-14-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

3. (a) PRINT FULL NAME

Lester H. Schweiss

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 489-16-4181

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

6. (b) Name of husband or wife Vallery 6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased August 28 1898  
(Month) (Day) (Year)

8. AGE: Years 43 Months 4 Days 16  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Brick-layer

11. Industry or business Mo. Goddard Cement Co

12. Name George Schweiss

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

14. Maiden name Catherine Baerwald

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

16. (a) Informant Vallery Schweiss

(b) Address 713 Barton St.

17. (a) Burial (b) Date thereof Jan-16-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Fisher, Seale, Kutz & Co

(b) Address 3634 Gravois Ave

19. (a) JAN 14 1942 (b) S. H. Gray  
(Date received local registrar) (Registrar's 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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *Robert Wheeler*.....  
Licensed Embalmer No..... *2128*.....  
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.**