V. S. No. 2
50M-5-42
Rev. 5-17-43
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 17 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23479

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 6303

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

1. PLACE OF DEATH:

(a) County

(b) City or town Saint Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Lutheran Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 0017 7/6

(a) State Missouri. (b) County

(c) City or town Saint Louis,
(If outside city or town limits, write "RURAL")

(d) Street No. 3508 Tennessee Ave.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John Schweiss

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male

5. Color or race 0 White

6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife Theresa Schweiss

6. (c) Age of husband or wife if alive years

7. Birth date of deceased December (Month) 20th, (Day) 1862. (Year)

8. AGE: Years 80 Months 6 Days 18 If less than one day hr. min.

9. Birthplace Saint Louis, (City, town, or county) Missouri. 0 (State or foreign country)

10. Usual occupation Maintenance Man

11. Industry or business

FATHER
12. Name ? Schweiss
13. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Joe Schweiss
(b) Address 6119 Marwinette Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 12, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Ziegenhein Bros
(b) Address 6409 Gravois Ave.

19. (a) JUL 12 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8th, year 1943. hour 9 minute 0 P. M.

21. I hereby certify that I attended the deceased from June 9 1943, 19 , to July 7, 1943; that I last saw him alive on " " , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of Hip intrathoracic pneumonia

Due to Lose in kitchen of home

Due to Decubitus Ulcers

Other conditions Arthur Schweiss
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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) Accidental 000

(b) Date of occurrence 6-9-43

(c) Where did injury occur? 3508 Tennessee (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? home (Specify type of place)

While at work? home (e) Means of injury fall

23. Signature Emil A Burst M.D. (M. D. or other)

Address 1901 Chevrolet Date signed 7/10/43

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Juddie A. Ziegenhein

Licensed Embalmer No. 2870

P. O. Address 6409 Gravois

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.