

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 31 1943 318

Registration District No.

Primary Registration District No. 1003

Registrar's No. 6724

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:
2427 S. 18th St. /
(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:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2427 S. 18th St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Leo Frank Schweizer

3. (b) If veteran, name war No. 3. (c) Social Security No. 492-03-7716

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

6. (b) Name of husband or wife Adele Schweizer 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased May 5, 1899
(Month) (Day) (Year)

8. AGE: Years 44 Months 2 Days 20 If less than one day _____ hr. _____ min.

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

10. Usual occupation Clothing Designer

11. Industry or business

12. Name Carl Schweizer 13. Birthplace Germany

14. Maiden name Genevieve Kessler

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

16. (a) Informant Mrs. Adele Schweizer
(b) Address 2427 S. 18th St.

17. (a) Burial (b) Date thereof July 28, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Paschedag-Henke Funeral Home
(b) Address 2825 N. Grand Blvd.

19. (a) JUL 29 1943 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25th year 1943 hour 1 minute 35P. M.

21. I hereby certify that I attended the deceased from Dec. 15 1943 to June 24 1943
that I last saw him alive on June 24 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Increased intracranial pressure
Due to Brain tumor - metastatic

Due to Carcinoma

Other conditions (Include pregnancy within 3 months of death)

Major findings: left occipital tumor, right
Of operations _____
Of autopsy _____

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?

23. Signature Doris S. Woolsey, M.D. (M. D. or other) _____
Address 4957 Maryland Ave. Date signed 7/26/43

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

MOTHER FATHER

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

W. W. Wilkins

Licensed Embalmer No.....

3575

P. O. Address.....

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.