

Registration District No. 319 Primary Registration District No. 6079 Registrar's No. 46

1. PLACE OF DEATH:

(a) County St. Genevieve
(b) City or town Rural St. Genevieve Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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 (Specify whether _____)

3. (a) PRINT FULL NAME SIMON SCHWEISS

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Theresa Meyer 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased Jan 6 1861
(Month) (Day) (Year)

8. AGE: Years 82 Months 7 Days 23 If less than one day hr. _____ min. _____

9. Birthplace Zell Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER, FATHER

12. Name Xavier Schweiss
13. Birthplace Hermann
(City, town, or county) (State or foreign country)
14. Maiden name Genevieve Kiefer
15. Birthplace Hermann
(City, town, or county) (State or foreign country)

16. (a) Informant Wilda Schweiss

(b) Address St. Genevieve Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-1-43
(Month) (Day) (Year)
(c) Place: burial or cremation St. Genevieve Mo

18. (a) Signature of funeral director Geo. E. Bishop
(b) Address St. Genevieve Mo

19. (a) Aug 31/43 (Date received local registrar) (b) F. W. Douglas (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 29 year 1943 hour 8 minute 15 P. M.

21. I hereby certify that I attended the deceased from July 18 1940 to Aug 29 1943
that I last saw him alive on Aug 29 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Gangrene of left Foot
Due to Diabetes Mellitus
Due to Arterio Sclerosis

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: 61
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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature Arthur E. Boyaner (M. D. or other) M.D.
Address St. Genevieve Mo Date signed 9-1-43

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

2500

706

RECEIVED

District Health Officer No. 4

District File Number 943-2701

Date Filed 9-8-43

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 *Leo C. Basler*

Licensed Embalmer No. 1985

P. O. Address *111 Riverside Ave*

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.