

No. 2
-1-4-41
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **32582**

Registration District No. **1943/19**

Primary Registration District No. **4469**

Registrar's No. **50**

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

1. PLACE OF DEATH:

(a) County STE GENEVIEVE

(b) City or town STE GENEVIEVE

(c) Name of hospital or institution: 246 JEFFERSON
(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

3. (a) PRINT FULL NAME AUGUST SCHWEISS

3. (b) If veteran, name war _____

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MARY A. GRASS

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased OCTOBER 25TH 1866
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>76</u>	<u>10</u>	<u>23</u>	hr. _____ min. _____

9. Birthplace ZELL, STE GENEVIEVE Co., MO
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED FARMER

11. Industry or business _____

12. Name FRANK XAVIER SCHWEISS

13. Birthplace BADEN, GERMANY
(City, town, or county) (State or foreign country)

14. Maiden name GENEVIEVE KIEFER

15. Birthplace BADEN, GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. MARY A. GRASS

(b) Address STE GENEVIEVE, MO

17. (a) BURIAL (b) Date thereof SEPT. 21-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM. - STE GENEVIEVE, MO

18. (a) Signature of funeral director Jerry Stanton Mortuary

(b) Address Ste Genevieve, Mo.

19. (a) Sept 19/43 (b) T.W. Douglas
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County STE GENEVIEVE

(c) City or town STE GENEVIEVE 095
(If outside city or town limits, write "RURAL")

(d) Street No. 246 JEFFERSON
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 18
year 1943 hour 7 minute 50 P.M.

21. I hereby certify that I attended the deceased from _____, 1932 to Sept 18, 1943
that I last saw him alive on Sept 18, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Auto Cardiac Relation

Due to Chronic Nephritis (174)
Chronic Myocarditis (174)
Arterio hypertension (174)

Other conditions (Include pregnancy within 3 months of death) 131

Major findings: Of operations _____

Of autopsy _____

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) (a) Means of injury ✓

23. Signature [Signature] (M. D. or other) MD

Address Ste Genevieve, Mo. Date signed 9-19-43

706

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4
District File Number 1043-2788
Date Filed 10-6-43

JAN 15 1954

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.....
me....., Registered Apprentice No.....
working under my personal supervision.

Signed C. H. Cozart
Licensed Embalmer No. 4084
P. O. Address Farmington, Me.

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.