

No. 2
 5-17-39
 X3567

State File No. **963**
 Registrar's No. **715**

FILED FEB 1 1944
 Registration District No. **318**

Primary Registration District No. **1003**

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

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: Mo. Baptist Hospital.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Robert J. J. Schweisguth.
 3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased October 13, 1943.
(Month) (Day) (Year)

8. AGE: Years 3 Months # Day 11 If less than one day _____ hr. _____ min.

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

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER

12. Name Harland J. Schweisguth.
 13. Birthplace Miami, Oklahoma.
(City, town, or county) (State or foreign country)
 14. Maiden name Hilda Horstmann.
 15. Birthplace Gerald, Missouri.
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Harland J. Schweisguth.
 (b) Address 1337a Goodfellow Avenue.

17. (a) Burial (b) Date thereof 1-26-1944.
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Oak Grove Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.
 (b) Address 5966-68 Easton Avenue.

19. (a) JAN 24 1944 (b) J. F. Cretsch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County 17
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 1337a Goodfellow Avenue.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 24th.
 year 1944 hour 9:00 ~~9:00~~ minute A.M. M.
 21. I hereby certify that I attended the deceased from Jan. 18, 1944 to Jan 24, 1944
 that I last saw him alive on Jan. 23, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Obstruction of bowel
 Due to _____
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Obstruction of bowel
in ileum, due to kink
in mesenteric pocket
 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) _____
 (e) Means of injury 0 Ill.
 23. Signature W. H. Kupper (M. D. or other) _____
 Address 402 River Bell Date signed 1-24-44

Dr. Victor B. Kieffer.
4500 Olive Street.
12 to 3 P.M.
Forest 3800

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 Ben Hoffman
Licensed Embalmer No. 4366
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.