

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 20 1945

THE STATE BOARD OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

Registration District No. 318 Primary Registration District No. 1002 Registrar's No. 236

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis

(c) Name of hospital or institution: City Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6yrs. 6mos. 4ds.
(Specify whether years, months or days)

In this community 37 yrs.

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.
City Sanitarium

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

If yes, name country Austria

3. (a) PRINT FULL NAME ANNA SCHWEITZER

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife Joseph Schweitzer

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

7. Birth date of deceased September 18, 1877
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|--|
| | <u>67</u> | <u>3</u> | <u>20</u> | <u> </u> hr. <u> </u> min. |

9. Birthplace Austria U
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Anthony Fernbach

13. Birthplace Jugo-Slavia U
(City, town, or county) (State or foreign country)

14. Maiden name Anna

15. Birthplace Jugo-Slavia U
(City, town, or county) (State or foreign country)

16. (a) Informant Thelma A. Siegler

(b) Address 5400 Arsenal St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 11/45
(Month) (Day) (Year)

(c) Place: burial or cremation Old St. Peter's Church

18. (a) Signature of funeral director Thornton E. Eason

(b) Address 2906 Travis St.

19. (a) JAN 9 1945 (Date received local registrar) J. F. Bredeek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January Day 8 Year 1945 hour 1.20 minute A. M.

21. I hereby certify that I attended the deceased from Aug. 1st, 1944, to Jan. 8, 1945

that I last saw her alive on Jan 8, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Trombosis Duration 2 min.

Due to Contra. General Arteriosclerosis

Due to 10yr sx

Other conditions
(Include pregnancy within 3 months of death)

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?

(Specify type of place)

While at work? (e) Means of injury

23. Signature Therese Hammer (M. D.) M.D.

Address 5400 Arsenal St. Date signed 1/8/45

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

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 *David Van Fossan*.....

Licensed Embalmer No. *4242*.....

P. O. Address *2906 Harrison 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.