

FILED JAN 20 1945
Registration District No. **318**

Primary Registration District No. **1003**

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: St. Luke's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 26 days
In this community 50 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Ladue
(If outside city or town limits, write "RURAL")
(d) Street No. #8 Ridgewood Drive
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Royall H. Switzler

3. (b) If veteran, name war Sp. American 3. (c) Social Security No. 488-03-0694

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

6. (b) Name of husband or wife Grace B. Switzler 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased August 5, 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>5</u>	<u>2</u>	hr. _____ min. _____

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

10. Usual occupation Pres't St. Louis Refrigeration Co.

11. Industry or business & Cold Storage Co.

12. Name Irwin Switzler
13. Birthplace Columbia, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Ellen Runyan
15. Birthplace Columbia, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. W. C. Cassens
(b) Address 7332 Huntington Dr.

17. (a) burial (b) Date thereof 1/9/45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Wagoner Mortuary
(b) Address 4161 Lindell Blvd.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 7 year 1945 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from May 7 1937 to Jan 7 1945
that I last saw him alive on Jan 7 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 9 days

Due to Hypertensive heart disease 10 yrs +

Due to Chronic myocarditis
generalized arterio-sclerosis 10 yrs +

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

Major findings: 93
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) (e) Means of injury _____

23. Signature H. G. Newman (M. D. or other) M.D.
Address 3720 Washington Date signed 1/8/45

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 *Melvin L. Kemper*

Licensed Embalmer No. *4052*

P. O. Address *4005 Lehigh*

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.