

**FILED** JAN 19 1946 **STANDARD CERTIFICATE OF DEATH**

State File No. **2183**

Registration District No. **42**

Primary Registration District No. **1000**

Registrar's No. **11**

**1. PLACE OF DEATH:**

(a) County **Buchanan**  
(b) City or town **St. Joseph**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**2203 Jackson St. /**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community **55 Years**  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri.** (b) County **Buchanan** //  
(c) City or town **St. Joseph** /  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2203 Jackson St.** /  
(If rural, give location)  
(e) Citizen of foreign country? **No.** (Yes or No) **0**  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **Theckla Schweitzer**

**3. (b) If veteran, name war** **None** **3. (c) Social Security No.** **None**

**4. Sex** **Female** **5. Color or race** **White** **6. (a) Single, widowed, married, divorced.** **Widowed**

**6. (b) Name of husband or wife** **Herman Schweitzer Sr.** **6. (c) Age of husband or wife if alive** **\* years**

**7. Birth date of deceased** **June 12 1862**  
(Month) (Day) (Year)

8. AGE:				If less than one day hr. min.
Years	Months	Days		
83	6	22		

**9. Birthplace** **Silesia Germany**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **Housewife**

**11. Industry or business** **None**

**12. Name** **Joseph Hanke**

**13. Birthplace** **Unknown Germany**  
(City, town, or county) (State or foreign country)

**14. Maiden name** **Anna Marie Lux**

**15. Birthplace** **Unknown Germany**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **Margaret Schweitzer**

**(b) Address** **2203 Jackson St.**

**17. (a) Burial** (b) Date thereof **Jan. 7, 1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** **Mt. Olivet Cemetery**

**18. (a) Signature of funeral director** *Herman Schweitzer Sr.*

**(b) Address** **1802 Union St. St. Joseph, Mo.**

**19. (a) Jan. 7, 1946** (b) *H. M. Kullback*  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **January** day **4**  
year **1946** hour **6** minute **05 A.M.**

**21. I hereby certify that I attended the deceased from** **Jan 3d**  
**1946** to **Jan 7d** **1946**  
that I last saw her alive on **Jan 3d** **1946**  
and that death occurred on the day and hour stated above.

Immediate cause of death **Acute Cerebral Hemorrhage 9 days**

Due to **Sen Arteriosclerosis 5 yrs.**

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy **no**

Duration  
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. F. Mandy* (M. D. or other)  
Address **404 503d** Date signed **1/4/46**

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

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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..... *Emer Thomas* .....

Licensed Embalmer No..... *2640* .....

P. O. Address..... *St Joseph 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.**