

S. No. 2
DM-5-43
v. 5-17-39
I X36671

7922

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 16 1946
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **1148**

1. PLACE OF DEATH:

(a) County _____
 (b) City or town: **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **4315 Obear Ave**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **None**
(Specify whether)
 In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: **Missouri** (b) County: **000**
 (c) City or town: **St. Louis**
(If outside city or town limits, write "RURAL") **917**
 (d) Street No.: **4315 Obear Ave**
(If rural, give location) **9**
 (e) Citizen of foreign country? _____ (Yes or No) **9**
 If yes, name country _____

3. (a) PRINT FULL NAME: **Nicholas Schwegler**
 3. (b) If veteran, name war: **None**
 3. (c) Social Security No.: **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **1**, year **1946** hour **5:45 A.M.** minute _____ M.

4. Sex: **Male** 5. Color or race: **White**
 6. (a) Single, widowed, married, divorced: **Widower**
 6. (b) Name of husband or wife: **Minnie Schwegler nee Helling**
 6. (c) Age of husband or wife if alive: _____ years
 7. Birth date of deceased: **January 6, 1856**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Jan 16**, 1946, to **Feb 1**, 1946
 that I last saw him alive on **Jan 31**, 1946, and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	90	0	26	hr. _____ min. _____

Immediate cause of death: **Organic Valvular Heart lesion**
 Due to _____
 Due to _____

Duration **6 mo**

9. Birthplace: **Unknown Switzerland**
(City, town, or county) (State or foreign country)
 10. Usual occupation: **Carpenter**

Other conditions: **92 Bronchitis**
(Include pregnancy within 3 months of death)
 Major findings: _____
 Of operations: _____
 Of autopsy: _____

PHYSICIAN
 Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____
 12. Name: **Xavier Schwegler**
 13. Birthplace: **Unknown Switzerland**
(City, town, or county) (State or foreign country)
 14. Maiden name: **Elizabeth Jost**
 15. Birthplace: **Unknown Switzerland**
(City, town, or county) (State or foreign country)

16. (a) Informant: **Miss Laura Schwegler**
 (b) Address: **4315 Obear Ave**

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? _____

Place of burial: **Burial** (b) Date thereof: **2/4/46**
(Burial, cremation, or removal) (Month) (Day) (Year)
 Place: burial or cremation: **Bethany Cemetery**
 Signature of funeral director: **Math Hermann & Son**
 Address: **2161 East Fair Ave**

While at work? _____ (Specify type of place) (e) Means of injury: _____
 23. Signature: **J. W. Shaw** (M. D. or other) _____
 Address: **2330 Union** Date signed: **Feb 2-46**

Date received local registrar: **FEB 4 1946** (Registrar's signature) **J. F. Bredbeck**

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

6822

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 *William S. Burkholz*

Licensed Embalmer No. *2110 0*

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.