

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
FILED MAY 2 1946 STANDARD CERTIFICATE OF DEATH

15180

State File No. _____
Registrar's No. **3786**

Registration District No. **318** Primary Registration District No. _____

1003

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:
Alexian Brothers Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **45 Minutes**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
 (c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
 (d) Street No. **2007 Ann Ave.**
(If rural, give location)
 (e) Citizen of foreign country? **No.** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Frank E. Schweizer**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife **Magdalene** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **June 2 1871**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **23rd**
 year **1946** hour **10,10** minute **P** M.

21. I hereby certify that I attended the deceased from **6-74-41**
 to **4-23**, 19**46**
 that I last saw him alive on **4-23**, 19**46**
 and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
74	10	21	hr. _____ min. _____

Immediate cause of death.

Lymphatic Leukemia

Due to _____

Due to _____

Other conditions **Chronic Myocarditis**
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____

Of autopsy _____

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

9. Birthplace **Germany 4**
(City, town, or county) (State or foreign country)

10. Usual occupation **Butcher (Retired)**

11. Industry or business _____

MOTHER FATHER

12. Name **Frank Schweizer**

13. Birthplace **Germany 4**
(City, town, or county) (State or foreign country)

14. Maiden name **Caroline ?**

15. Birthplace **Germany 4**
(City, town, or county) (State or foreign country)

16. (a) Informant **Henry J. Schweizer**
 (b) Address **2100 Allen Ave.**

17. (a) **Burial** (b) Date thereof **4/27/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Old St. Peter & Paul Cemetery**

18. (a) Signature of funeral director **John R. G. ...**
 (b) Address **2630 Gravois Ave.**

19. (a) **APR 25 1946** (b) **J. F. Bread**
(Date received local registrar) (Registrar's signature)

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? _____

23. Signature **Joseph E. ...** (M. D. or other) _____
 Address **4065-50 Grand** Date signed **4/24/46**

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 Robert F. Lehtsen

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois 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.