

DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS THE STATE BOARD OF HEALTH OF MISSOURI
FILED JUL 26 1946 STANDARD CERTIFICATE OF DEATH

25700

State File No.

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **6267**

1. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **St. Louis**
(c) Name of hospital or institution: **St. John's**
(d) Length of stay: In hospital or institution **6 DAYS**
In this community **6 DAYS**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jefferson**
(c) City or town **Crystal City**
(d) Street No. **406 Lindley**
(e) Citizen of foreign country? (Yes or No)

3. (a) PRINT FULL NAME **Pearl E. Schlweter**
3. (b) If veteran, name war
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July** day **15**
year **1946** hour **7** minute **P.** M.

4. Sex **Female** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Henry Schlweter**
6. (c) Age of husband or wife if alive **66** years
7. Birth date of deceased **August 31, 1889**

21. I hereby certify that I attended the deceased from **July 10** 19**46** to **7/15/46**
that I last saw him alive on **7/10/46**
and that death occurred on the date and hour stated above.
Immediate cause of death **Septicemia**
(multiple abscesses kidney and pericardium)

8. AGE: Years **56** Months **10** Days **14**
If less than one day hr. min.

Duration
Due to **(2)**
Due to **U1**

9. Birthplace **Bonne Terre Mo.**

Other conditions **Diabetes - E. candida**
uricemia (N.P.N. III)

10. Usual occupation **House wife**

Major findings:
Of operations
Of autopsy

11. Industry or business **own Home**

12. Name **Frank Vest**
13. Birthplace **Ironton Missouri**
14. Maiden name **unknown**
15. Birthplace **England**

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

16. (a) Informant **Henry Schlweter**
(b) Address **Crystal City Mo.**

17. (a) **Burial** (b) Date thereof **July 19, 1946**

(c) Place: burial or cremation **Crystal City, Mo.**

18. (a) Signature of funeral director **Quinton R. Galbreath**
(b) Address **Crystal City Mo.**

19. (a) **JUL 16 1946** (b) Registrar's signature **J. F. Bredeck**

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?
(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 **O. P. Beck** (M. D. or other)
Address **Humboldt Bldg** Date signed **7/16/46**

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

20
17
9

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..... *Justin R. Polite*

Licensed Embalmer No. *3481*

P. O. Address. *Crystal City, 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.