S. No. 2
M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 24 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11521
Registrar's No. 2492

Registration District No. 318
Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4415 Grace Ave., (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 4415 Grace Ave., (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Anna Schweigler

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 Mike Schweigler
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May 4, 1866 (Month) (Day) (Year)

8. AGE: Years 80 Months 10 Days 5 If less than one day hr. min.

9. Birthplace Wisconsin (City, town, or county) (State or foreign country)
10. Usual occupation None
11. Industry or business

FATHER
12. Name Joseph Schlager
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Magdeline Baden
15. Birthplace Unk (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Michael Schweigler
(b) Address 4415 Grace Ave.,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-12-47 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park
18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6322 S. Grand Blvd.
19. (a) MAR 10 1947 (Date received local registrar) (b) J. B. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9th year 1947 hour 5 P.M. minute — M.

21. I hereby certify that I attended the deceased from 3-6 1947, to 3-7 1947, that I last saw her alive on 3-7-47 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion (Suddenly)
Due to Myocarditis Chr.
Due to
Other conditions (Include pregnancy within 3 months of death) 93d
Major findings:
Of operations
Of autopsy

Duration
5 yrs.

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Willard J. Hanna (M. D. or other)
Address 4535 Virginia Date signed 3/10/47

(Licensed Embalmer's Statement on Reverse Side)

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. J. Wm Bentley

Licensed Embalmer No. 3653

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.