No. 2
-12-45
-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25238

FILED JUL 23 1947

Registration District No. 3

Primary Registration District No. 6075

Registrar's No. 223

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri State Hospital No. 42
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17 yrs. 2 mos. 29 das. (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 94

(c) City or town Unknown 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? Unknown (Yes or No)

If yes, name country Born in Germany

3. (a) PRINT FULL NAME HELEN SCHWEIKERT (SCHWEIGERT)

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Charlie Schweikert

6. (c) Age of husband or wife if alive Age Unk. years

7. Birth date of deceased June (Month) 12, (Day) 1904 (Year)

8. AGE:

Years	Months	Days	If less than one day
42	11	29	..... hr. ..... min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Nick Brauner
13. Birthplace ..... (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Unknown
15. Birthplace ..... (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant Records State Hospital No. 4

(b) Address Farmington, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 17, 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Hospital Cem., Farmington, Mo.

18. (a) Signature of funeral director Miller Funeral Home

(b) Address Farmington, Missouri

19. (a) 7-5-47 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11 year 1947 hour 9 minute 15 P. M.

21. I hereby certify that I attended the deceased from March 12, 1930, 19..., to June 11, 1947, 19...; that I last saw her alive on June 11, 1947, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chr. Pulmonary Tuberculosis	1 yr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Dementia Praecox	17 yrs
Major findings: Of operations	
Of autopsy: Chr. Pulmonary T.B.	

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 0

23. Signature [signature] (M. D. or other)

Address Farmington Mo Date signed 6/11/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 742-942

Date Filed 7-21-47

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 —

not embalmed, Registered Apprentice No. —,

working under my personal supervision.

Signed Paul K Dugal

Licensed Embalmer No. 420

P. O. Address Farmington 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.