

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED AUG 4 1947

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **6923**

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

1. PLACE OF DEATH:

(a) County .....  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Mo. Pac. Hospital  
(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 Mo. (b) County adao  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6134 Adeline Ave.  
(If rural, give location)  
(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME ALBERT Edward Schweitzer

3. (b) If veteran, name war None 3. (c) Social Security No. ....

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

6. (b) Name of husband or wife Carolyn C. 6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased April 24 1901  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
46 2 29 hr. min.

9. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Lawyer

11. Industry or business Mo. Pac. R. R. Co.

12. Name August Schweitzer

13. Birthplace Switzerland  
(City, town, or county) (State or foreign country)

14. Maiden name Bertha Bertsch

15. Birthplace Switzerland  
(City, town, or county) (State or foreign country)

16. (a) Informant Carolyn C. Schweitzer

(b) Address 6134 Adeline Ave.

17. (a) Burial (b) Date thereof 7 26 47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS Peter & Paul Cem.

18. (a) Signature of funeral director Kriegshauser Und Co.

(b) Address 4228 So. Kingshighway Bl.

19. (a) JUL 25 1947 (b) J. F. Bredek  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23  
year 1947 hour 11 minute 20 P. M.

21. I hereby certify that I attended the deceased from July 16, 1947, to July 23, 1947;  
that I last saw him alive on July 23, 1947;  
and that death occurred on the date and hour/stated above.

Immediate cause of death  
Toxemia And Atelectasis  
Rt. Lung.  
Due to Carcinoma Rt. Kidney  
Due to 52  
Other conditions.....  
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:  
Of operations.....  
Of autopsy Carcinoma, Rt. Kidney.  
Rt. Lung Atelectasis.

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?

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

23. Signature [Signature] (M. D. ....)  
Address 634 N. Grand Date signed 7-23-47

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**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 *Richard H. Stovesand*

Licensed Embalmer No. *4007*

P. O. Address.....

**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.**