

FILED NOV 14 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10262

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 City Sanitarium  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 yrs. 2 mos. 18 ds.  
(Specify whether years, months or days) 61 yrs.

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. 704 Duane St. City Sanitarium  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No) 0  
If yes, name country.....

3. (a) PRINT FULL NAME EDWARD SCHWEGMAN

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 Anna Schwegman 6. (c) Age of husband or wife if alive 55 years  
7. Birth date of deceased August 17, 1886  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
61 2 17 hr. min.

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

10. Usual occupation Ast. Foreman

11. Industry or business.....  
12. Name Frederick Schwegman  
13. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Emma Schlottman  
15. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Thelma A. Tugler  
(b) Address 5400 Arsenal St.

17. (a) Burial (b) Date thereof 11/7/47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Hiram Park Cemetery

18. (a) Signature of funeral director Math Hermann & Son, Inc.  
(b) Address 2161 East Fair Ave

19. (a) NOV 6 1947 (b) J. F. Bruders  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. 4 day 4th  
year 1947 hour 4.30 minute P M.  
21. I hereby certify that I attended the deceased from July 18, 1945 to Nov. 4, 1947; that I last saw him alive on Nov. 4, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Diffuse Arteriosclerosis (Cerebral) 2 yrs. x  
Due to.....  
Generalized Arteriosclerosis 2 yrs. x  
Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
Of autopsy.....

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)  
23. Signature L. Novak M. D. or other M.D.  
While at work? (e) Means of injury.....  
Address 5400 Arsenal St. Date signed 11/5/47

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

MOTHER FATHER

None

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 \_\_\_\_\_

*Sheldon W. Burnley*

Licensed Embalmer No. *42820*

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.