S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10656

FILED APR 12 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2454

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

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 Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 months (Specify whether

In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000

(c) City or town St Louis (If outside city or town limits, write "RURAL") 17

(d) Street No. 6105 Adkins (If rural, give location) 9

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Herman Schweinel

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M O

5. Color or race W

6. (a) Single, widowed, married, divorced S O

6. (b) Name of husband or wife

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

7. Birth date of deceased July (Month) 29 (Day) 1884 (Year)

8. AGE: Years 63 Months 7 Days 10 If less than one day hr. min.

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

10. Usual occupation Porter

11. Industry or business

FATHER

12. Name Andrew Schweinel

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

MOTHER

14. Maiden name Elizabeth Junegel

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

16. (a) Informant Margaret Dehler

(b) Address 6105 Adkins

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/11/48 (Month) (Day) (Year)

(c) Place: burial or cremation St Lucas Cemetery

18. (a) Signature of funeral director J L Ziegenhein & Sons

(b) Address 7027 Gravois

19. (a) MAR 11 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 9 year 1948 hour 3 minute 30 A M.

21. I hereby certify that I attended the deceased from ..... 19..., to ..... 19...; that I last saw h..... alive on ..... 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia; Fracture right hip

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence December 9 - 1946

(c) Where did injury occur? St Louis (City or town) Mo (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home Recent refracture of the (Specify type of place) Fr rt hip

While at work? (e) Means of injury Fall

23. Signature Patrick E. Taylor (M. D. or other)

Address Date signed 3/11/48

Jefferson City Printing Co.

(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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7027 Gravois

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.