S. No. 300
M—10-47
v. 5-17-39
P I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 8 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38630

Primary Registration District No. 100

Registrar's No. 10361

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: Jewish Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

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. 5963 Oakherst Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOSEPH H. SCHWEICH

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Pauline V. Schweich

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

7. Birth date of deceased August (Month) 29 (Day) 1869 (Year)

8. AGE: Years 79 Months 2 Days 29 If less than one day hr. min.

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

10. Usual occupation Printer

11. Industry or business Schweich Printing Co.

MOTHER FATHER

12. Name Julius Schweich

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

14. Maiden name Johanetta Loeb

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

16. (a) Informant Joseph H. Schweich, Jr.
(b) Address 5598 Waterman Ave.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 11-29-48 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Herman Rindskopf, Inc
(b) Address 6216 Delmar Blvd.

19. (a) NOV 29 1948 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 28 year 1948 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from Oct 15, 1948, to Nov. 28, 1948; that I last saw him alive on Nov. 27, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchopneumonia	5 day
Due to: Perirectal abscess with cellulitis of surrounding tissue	
Due to: Cause of abscess not known	
Other conditions (Include pregnancy within 3 months of death): 1 0 8	
Major findings: Of operations: Abscesses perirectal	
Of autopsy: Pneumonia + cellulitis	

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 Hermann M. Mezer (M. D. or other) M.D.
Address 508 N. Grand Date signed 11/28/48

(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 John Keller

Licensed Embalmer No. 3880

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.