

FILED MAR 8 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 6895

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 3063		Registrar's No. 00276			
1. PLACE OF DEATH a. COUNTY <u>ST. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u>				b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clayton</u>		c. LENGTH OF STAY (in this place) <u>3 hours.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>ST. Louis</u>		d. STREET ADDRESS (If rural, give location) <u>6736 ARSENAL</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>ST. Louis County Hosp. Tak</u>				3. NAME OF DECEASED a. (First) <u>PETER</u>		b. (Middle) <u>Paul</u>		c. (Last) <u>Schweitzer</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>2 1 49</u>		5. SEX <u>MALE</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>6-10-73</u>	
9. AGE (in years last birthday) <u>74</u>		if UNDER 1 YEAR Months <u>7</u> Days <u>21</u>		if UNDER 12 mos. Hours <u></u> Min. <u></u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Assistant Chemist</u>			
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Berne Switzerland</u>				12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <u>August Schweitzer</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Steiner</u>			14. NAME OF HUSBAND OR WIFE <u>LYDIA STEINGRUBBY</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>492-10-0428</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Clara Schweitzer 6736 Arsenal St.</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumatic Heart Disease and Hypertensive Cardio Vasculer Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>5. arteriosclerotic and arterial nephrosclerosis</u> DUE TO (c) <u>Bilat. Hydrothorax</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Cronchopneumonia, LLL</u>						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>2-1</u> , 19 <u>49</u> , to <u>2-1</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>2-1</u> , 19 <u>49</u> , and that death occurred at <u>4:22</u> p.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>R. P. Cole, M.D.</u>				23b. ADDRESS <u>601 S Brentwood, Clayton 5, Mo</u>				23c. DATE SIGNED <u>2-1-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-1-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>2-4-49</u>		REGISTRAR'S SIGNATURE <u>Harold Lunge</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Jay B. Smith 7456 Manchester Rd.</u>				

**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Signed.....

*W. Burgess*

Signed.....

Student Embalmer

Licensed Embalmer No. *4027*

P. O. Address *Maplewood*

**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.