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FILED JUN 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19122

BIRTH NO. REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 5431 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Prairie		c. CITY (If outside corporate limits, write RURAL and give township) 3816 Ashland Ave	
c. LENGTH OF STAY (in this place) 7		d. STREET ADDRESS (If rural, give location) St. Louis Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS	

3. NAME OF DECEASED (Type or Print) a. (First) Geo.	b. (Middle) E	c. (Last) SCHWEIDER	4. DATE OF DEATH (Month) (Day) (Year) MAY 23 1949
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 2-1-1888	9. AGE (In years last birthday) 61	10. IF UNDER 1 YEAR Months 4	11. IF UNDER 24 HRS. Hours 8
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chief Inspector Tire Dept	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Mo	12. CITIZEN OF WHAT COUNTRY U.S.A
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Alice
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Eduard Bierman	ADDRESS 190 Pershing
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidentally slipped and fell on spillway		INTERVAL BETWEEN ONSET AND DEATH 8:22 PM 45
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fishing		
	DUE TO (c) Drowned in about 18 inches of water.		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Indian Creek	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) PRAIRIE Franklin Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) MAY 23 1949 PM 1:30	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fishing in Indian Creek
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Thos. P. Hoffman	(Degree or title) 3rd Corner	23b. ADDRESS Sullivan Mo	23c. DATE SIGNED 5/23/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-26-49	24c. NAME OF CEMETERY OR CREMATORY Calvary	24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo
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DATE REC'D BY LOCAL REG. 5-24-1949	REGISTRAR'S SIGNATURE E. L. Worthington	96	25. GENERAL DIRECTOR'S SIGNATURE Sherwood Litchell	ADDRESS In. Clair Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUN 21 1949

AUG 9 1949 JUL 11 1949

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 _____
Student Embalmer

Signed C. Jesse Gahr
Licensed Embalmer No. 4486
P. O. Address Sh. Clair 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.