

FILED JUL 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21999**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5703**

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN *St. Louis*
 c. LENGTH OF STAY (In this place) *3 days*
 d. FULL NAME OF HOSPITAL OR INSTITUTION *St. Louis Children's Hosp.*

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE *Missouri* b. COUNTY *Monroe*
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN *Paris* *0690*
 d. STREET ADDRESS (If rural, give location) *1*

3. NAME OF DECEASED
 a. (First) *Sheryl* b. (Middle) *Lilirene* c. (Last) *Schweiter*
 (Type or Print) *Sheryl Lilirene Schweiter*
4. DATE OF DEATH (Month) (Day) (Year) *6-30-50*

5. SEX *fekn.* **6. COLOR OR RACE** *wh.* **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** *0* **8. DATE OF BIRTH** *3-26-50* **9. AGE** (In years last birthday) *3* **IF UNDER 1 YEAR** (Months) *3* **IF UNDER 1 YEAR** (Days) *3* **IF UNDER 1 YEAR** (Hours) *3* **IF UNDER 1 YEAR** (Min.) *3*

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **10b. KIND OF BUSINESS OR INDUSTRY** *6 DUSTRY* **11. BIRTHPLACE** (State or foreign country) *Quincy, Illinois, Amer* **12. CITIZEN OF WHAT COUNTRY?** *Amer*

13a. FATHER'S NAME *William E. Schweiter* **13b. MOTHER'S MAIDEN NAME** *Marilyn Jean Vance* **14. NAME OF HUSBAND OR WIFE** _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **16. SOCIAL SECURITY NO.** _____ **17. INFORMANT'S SIGNATURE OR NAME** *E. Manser* **ADDRESS** *500 S. Kingshighway*

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) *Acquired hemolytic anemia, cause unknown*
 ANTECEDENT CAUSES **DUE TO (b)** *Acute glomerular nephritis*
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
1 wk.
1 wk.

19a. DATE OF OPERATION _____ **19b. MAJOR FINDINGS OF OPERATION** _____ **20. AUTOPSY?** YES NO

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) _____ **21e. INJURY OCCURRED WHILE AT WORK** **NOT WHILE AT WORK** **21f. HOW DID INJURY OCCUR?** *Childhood 7/29/22*

22. I hereby certify that I attended the deceased from *6-27* *1950*, to *6-30*, *1950*, that I last saw the deceased alive on *6-30-50*, *19*, and that death occurred at *9:45* A. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) *W. G. Klingberg M.D.* **23b. ADDRESS** *Children's Hosp.* **23c. DATE SIGNED** *6/20/50*

24a. BURIAL, CREMATION, REMOVAL (Specify) *Remove* **24b. DATE** *4-6-30-50* **24c. NAME OF CEMETERY OR CREMATORY** *Walnut Grove Cem* **24d. LOCATION** (City, town, or county) (State) *Paris Mo*

DATE REC'D BY LOCAL REG. *JUL 1 1950* **REGISTRAR'S SIGNATURE** *J. B. Pascoe* **25. FUNERAL DIRECTOR'S SIGNATURE** *Rowland Motz* **ADDRESS** *4104 Manchester*

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

Under the name (assignment)

5703

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *J. Allen Davis Jr*
Licensed Embalmer No. *4083*
P. O. Address *St Louis 10 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.