

FILED MAR 31 1951

STANDARD CERTIFICATE OF DEATH

11187
State File No.
Registrar's No. 16

0951

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

BIRTH NO. _____ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 4469

1. PLACE OF DEATH a. COUNTY <u>STE. GENEVIEVE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>STE. GENEVIEVE</u>	
b. CITY (If outside corporate limits, write RURAL and give township): <u>STF. GENEVIEVE</u>		c. CITY (If outside corporate limits, write RURAL and give township): <u>STE. GENEVIEVE</u>	
c. LENGTH OF STAY (in this place): <u>LIFE</u>		c. CITY OR TOWN <u>STE. GENEVIEVE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u>		d. STREET ADDRESS (If rural, give location): <u>RR#1 STE. GENEVIEVE</u>	
3. NAME OF DECEASED (Type or Print) <u>THERESA</u>		a. (First) _____ b. (Middle) _____ c. (Last) <u>SCHWEISS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 25 1951</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): <u>WIDOWED</u>	8. DATE OF BIRTH <u>OCT 15 1867</u>
9. AGE (in years last birthday) <u>83</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>AT HOME</u>	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) <u>STE. GENEVIEVE MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>HILARY MEYER</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH BAECHE</u>	14. NAME OF HUSBAND OR WIFE <u>SAMUEL SCHWEISS</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hilda Schmeiss Ste. Genevieve Mo</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Apoplexy</u>		INTERVAL BETWEEN ONSET AND DEATH <u>ONE WEEK</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Arterio Sclerosis</u>	
DUE TO (c)		27 yrs.	
II. OTHER SIGNIFICANT CONDITIONS		334 X	
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 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)	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>March 18, 1951</u> , to <u>March 25, 1951</u> , that I last saw the deceased alive on <u>March 24, 1951</u> , and that death occurred at <u>7:00 P. M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Hilda Schmeiss</u>		(Degree or title) <u>M.N.</u>	23b. ADDRESS <u>Ste. Genevieve Mo</u>
23c. DATE SIGNED <u>3-26-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>MAR. 27 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>VALLE SPRING Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>STE. GENEVIEVE MO</u>
DATE REC'D BY LOCAL REG <u>Mar 27, 1951</u>	REGISTRAR'S SIGNATURE <u>Teresa M. Karl</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Resc. Paul Ste. Genevieve Mo</u>	ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

File No. _____
DISTRICT HEALTH OFFICE No. 4

MAR 20 1951

RECEIVED

APR 12 1951

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 Adrian J. Eller

Signed.....
Student Embalmer

Licensed Embalmer No. 4740

P. O. Address St. Genivieve, 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.