

No. 300
10-48

FILED AUG 15 1951

STANDARD CERTIFICATE OF DEATH

State File No. 25781

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6176 Registrar's No. 2779

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Affton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2029	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Miller Nursing Home		d. STREET ADDRESS (If rural, give location) (?) 4758 Dalia 1	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) William	b. (Middle)	c. (Last) Schweig	(Month) July	(Day) 26	(Year) 1951

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 1 1869	9. AGE (In years last birthday) 82	10. UNDER 1 YEAR Months	11. UNDER 1 HR. Hours	12. UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil.	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Illinois	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 Anna
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NO	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Anna Schweig 7106 Michigan
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Heart and Kidney Disease		INTERVAL BETWEEN ONSET AND DEATH 6 Mo.
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		442X
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Arteriosclerosis		

19a. DATE OF OPERATION no	19b. MAJOR FINDINGS OF OPERATION no	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 April 30th '51 to July 27th '51, that I last saw the deceased alive on July 24 19 51, and that death occurred at 3:30A m., from the causes and on the date stated above.

23a. SIGNATURE W. Walters M.D.	(Degree or title)	23b. ADDRESS 3608 South Grand Blvd.,	23c. DATE SIGNED 7/27/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE 7-28-1951	24c. NAME OF CEMETERY OR CREMATORY Mo. Crematory	24d. LOCATION (City, town, or county) (State) St. Louis Mo.
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DATE REC'D BY LOCAL REG. 7-27-51	REGISTRAR'S SIGNATURE Robert P. Domki MD	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Pos. P. Fendler Jr. 7128 Michigan
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

after 1 P.M.

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.....

Clarence Hachow

Signed.....

Student Embalmer

Licensed Embalmer No.

3093

P. O. Address.....

71 28 Michigan

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.