No. 300
10-48

FILED JUL 9 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22626

State File No.

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6020

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3961 Bowen St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 29
d. STREET ADDRESS (If rural, give location) 3961 Bowen St.,

3. NAME OF DECEASED (Type or Print) a. (First) Ida b. (Middle) Schwetye c. (Last)

4. DATE OF DEATH (Month) June (Day) 26th, (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH June 10th, 1868
9. AGE (In years last birthday) 84 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Henry Wefeler
13b. MOTHER'S MAIDEN NAME Wilhelemina Schnekbier
14. NAME OF HUSBAND OR WIFE Ernest Schwetye

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | (If yes, give war or dates of service) ------
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME Florence Hippe, 3961 Bowen ADDRESS

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acc. Cardiac Collapse — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arterio Sclerotic Heart disease

DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Low Blood Pressure

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 4200

22. *I hereby certify that I attended the deceased from* Oct 1951, *to* June 26, 1952, *that I last saw the deceased alive on* June 25, 1952, *and that death occurred at* 6:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE Leo P. Young (Degree or title) M.D.
23b. ADDRESS 2621 S. Jefferson
23c. DATE SIGNED 6/27/52

24a. BURIAL, CREMATION, REMOVAL (Specify) removal
24b. DATE 6/28/52
24c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery
24d. LOCATION (City, town, or county) St. Louis co., Mo. (State)

DATE REC'D BY LOCAL REG. JUN 27 1952
REGISTRAR'S SIGNATURE J. Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE Diedrich F. Home, 8319 Hallsferry ADDRESS
(Licensed Embalmer's Statement on Reverse Side)

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.

Student .....
Student Embalmer

Signed Eleanor Rovince

Licensed Embalmer No. 3403

P. O. Address St Louis 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.