

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24125

State File No.

FILED JUL 20 1953

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 199

1. PLACE OF DEATH a. COUNTY <u>CAPE GIRARDEAU</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CAPE GIR.</u>	
b. CITY OR TOWN <u>CAPE GIRARDEAU</u>	c. LENGTH OF STAY (in this place) <u>2 yrs</u>	c. CITY OR TOWN <u>CAPE GIR</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>107 So. LORIMIER, ST</u>		e. STREET ADDRESS (If rural, give location) <u>107 So. LORIMIER ST. 0104</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>CHARLES.</u>	b. (Middle) <u>A.</u>	c. (Last) <u>SCHWEER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>7 - 9 - 1953</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>7-28-1881</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>COMMISSIONER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>CITY</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>CAPE GIRARDEAU, MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>HENRY SCHWEER</u>	13b. MOTHER'S MAIDEN NAME <u>MARY EDELMANN</u>	14. NAME OF HUSBAND OR WIFE <u>MAY K. SCHWEER</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>490-24-5296</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Leslie E. Schweer</u> ADDRESS <u>Cape Gir. Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 1/2 yrs.</u> <u>2 yrs.</u>	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion - Myocardial Infarction</u>	DUE TO (b) <u>Coronary artery disease. Previous myocardial infarction.</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Anginal pectoris.</u>	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral vascular accident</u> <u>Hypertension. 1951</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m. _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from Nov 23, 1948, to July 9, 1953, that I last saw the deceased alive on July 6, 1953, and that death occurred at 3 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Charles F. Wilson M.D.</u> (Degree or title)	23b. ADDRESS <u>714 Broadway Cape Girardeau Mo.</u>	23c. DATE SIGNED <u>7-10-53.</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>7-12-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FAIRMOUNT</u>	24d. LOCATION (City, town, or county) (State) <u>CAPE GIRARDEAU, MO</u>
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DATE REC'D BY LOCAL REG. <u>7-12-53</u>	REGISTRAR'S SIGNATURE <u>C. C. Summers</u> <u>44-0</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walthus Funeral Home</u> ADDRESS <u>Cape Gir. Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
Signature of Student Embalmer

Signed *William Lee Towne*.....

Licensed Embalmer No. *441*.....

P. O. Address *Cape Girardeau*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.