

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26884

State File No. 26884
Registrar's No. 5960

FILED JUL 31 1953

318

1003

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN St. Louis
c. LENGTH OF STAY (in this place) _____
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY _____
c. CITY OR TOWN St. Louis
d. Is Residence within limits of a city or incorporated town? Yes No
e. STREET ADDRESS (If rural, give location) 5073 N. Union Bl.

3. NAME OF DECEASED
a. (First) Adele
b. (Middle) _____
c. (Last) Schwiete

4. DATE OF DEATH (Month) (Day) (Year)
June 13 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH May 10, 1874
9. AGE (In years last birthday) 79
IF UNDER 1 YEAR Months _____ Days _____
IF UNDER 4 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home

10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (City and State or Foreign Country) Aachen, Germany

12. CITIZEN OF WHAT COUNTRY? Germany

13a. FATHER'S NAME Gustave Surber

13b. MOTHER'S MAIDEN NAME Anna Stollwerk

14. NAME OF HUSBAND OR WIFE John Schwiete (decd.)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
John Schwiete 5073 N. Union Bl.

18. CAUSE OF DEATH
Enter only one cause on line for (a), (b), and (c)
**This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Pulmonary edema
ANTECEDENT CAUSES DUE TO (b) Fracture right hip -
morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) Cerebral arteriosclerosis
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 day
May 1953
2 years -

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 (Month) (Day) (Year) (Hour)
INJURY 5-1-53 m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from May 1952, to June 13, 1953, that I last saw the deceased alive on June 13, 1953, and that death occurred at 2:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE J. J. Overall (Degree or title) M.D.

23b. ADDRESS 6356 Clayton Rd., St. Louis Mo.

23c. DATE SIGNED 6-15-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 6-16-1953

24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.

24d. LOCATION (City, town, or county) (State) St. Louis CO. Mo.

DATE REC'D BY LOCAL REG. JUN 15 1953

REGISTRAR'S SIGNATURE J. Carl Smith M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Cullinane Bros. 3320 N. Kingshighway

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.....
Fred Frick

Licensed Embalmer No.....3186

P. O. Address...St. Louis,...

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.