

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37954

State File No. _____

No. 300
10-48

FILED OCT 20 1953

BIRTH NO. _____ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 6029 Registrar's No. 644

950

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

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 OR TOWN <u>RURAL, STE. GENEVIEVE</u>		c. CITY OR TOWN <u>RURAL STE. GENEVIEVE 0950</u>	
c. LENGTH OF STAY (in this place) <u>LIFE</u>		d. STREET ADDRESS (If rural, give location) <u>STAR ROUTE ST. MARY'S MO</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>STAR ROUTE ST. MARY'S MO</u>			
3. NAME OF DECEASED a. (First) <u>ALVIN</u>		b. (Middle) <u>A.</u> c. (Last) <u>SCHWEIGERT</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>OCT 14 1953</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>FEB 25 1915</u>
9. AGE (In years last birthday) <u>28</u>		10. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>OTZORA MO</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		12. CITIZENRY OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>JOHN X. SCHWEIGERT</u>		13b. MOTHER'S MAIDEN NAME <u>ROSA B. OTTE</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Jimmy Schweigert St. Mary's Mo SR#1</u>		ADDRESS _____	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crushed Skull</u> ANTECEDENT CAUSES DUE TO (b) <u>Accidental</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>E9121 3</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>095</u> (STATE) <u>MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct 14 1953 10:00 A.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Tractor overturned</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Beome H. Stauter Coroner</u>		23b. ADDRESS <u>Ste Genevieve Mo</u>	
23c. DATE SIGNED <u>10/17/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-17-53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>SACRED HEART</u>		24d. LOCATION (City, town, or county) (State) <u>OTZORA MO</u>	
DATE REC'D BY LOCAL REG. <u>10/17/53</u>		REGISTRAR'S SIGNATURE <u>Luella Barber 481</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Spec. Barber Ste. Genevieve Mo</u>		ADDRESS _____	

OCT 29 1958
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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

John Harris

Licensed Embalmer No. *4108*

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.