FILED JUL 2 - 1954

No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21222

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5598

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) 737 Dover Place

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri
b. COUNTY 2017
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
d. STREET ADDRESS (If rural, give location) 737 Dover Place

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

4. DATE OF DEATH (Month) June (Day) 21 (Year) 1954

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Feb. 29, 1908
9. AGE (In years last birthday) 46 yrs. | 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) Stenographer
10b. KIND OF BUSINESS OR INDUSTRY Law Firm
11. BIRTHPLACE (State or foreign country) St.Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Ferd Schweickhardt
13b. MOTHER'S MAIDEN NAME Belle Hammel
14. NAME OF HUSBAND OR WIFE –

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) –
(If yes, give war or dates of service) –
16. SOCIAL SECURITY NO. 489-03-6383
17. INFORMANT'S SIGNATURE OR NAME Mr.Edward N.Schweickhardt, **ADDRESS** 9424 Eucalyptus

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Cancer — INTERVAL BETWEEN ONSET AND DEATH: 2 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) & Lung.
DUE TO (c) Cancer of Breast (Bilateral) — 10 mos.

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

19a. DATE OF OPERATION 10/22/53 3/4/54
19b. MAJOR FINDINGS OF OPERATION Cancer of Both Breasts + Metastases
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)** 170X **(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? —

22. *I hereby certify that I attended the deceased from* Oct. 12, 1953, *to* June 21, 1954, *that I last saw the deceased alive on* June 21, 1954, *and that death occurred at* 10:20 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE Walter C. Kirchner (Degree or title) M.D.
23b. ADDRESS 508 N. Grand Blvd.
23c. DATE SIGNED 6/22/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 6-24-54
24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery
24d. LOCATION (City, town, or county) St.Louis, Missouri (State)

DATE REC'D BY LOCAL REG. JUN 22 1954
REGISTRAR'S SIGNATURE J. Carl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE BEIDERWIEDEN FUNERAL HOME, INC. **ADDRESS** 1936 St.Louis
(Licensed Embalmer's Statement on Reverse Side)

Dr. Walter C. Kirchner,
811 Metropolitan Bldg.

Hours - 2-4 PM

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 .....

Licensed Embalmer No. 4520

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.