

FILED AUG 11 1954

STANDARD CERTIFICATE OF DEATH

State File No. 25213

318

1003

7159

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 11 yrs		e. STREET ADDRESS (If rural, give location) 5120a Wells Avenue 2069	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5120a Wells Avenue			

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Anthony c. (Last) Schweisz		4. DATE OF DEATH (Month) (Day) (Year) 7 - 31 - 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH - 31 - 1883
9. AGE (In years last birthday) 71		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) R. R. Conductor	11. BIRTHPLACE (City and State or Foreign Country) Truesdale, Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) R. R. Conductor		10b. KIND OF BUSINESS OR INDUSTRY Mo. Pac. R. R.	12. CITIZEN OF WHAT COUNTRY? 0

13a. FATHER'S NAME Anton Schweisz	13b. MOTHER'S MAIDEN NAME Kunda Schlee	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) No	16. SOCIAL SECURITY NO. 702-14-4357	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Albert Schweisz, 3828 Avondale Ave.

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure		24 hrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral apoplexy DUE TO (c) Arteriosclerosis		2 years 20 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Bronchitis			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 334X

22. I hereby certify that I attended the deceased from June 1943 to 7/20/54, that I last saw the deceased alive on 7/30/54, 1954, and that death occurred at 2P m., from the causes and on the date stated above.

23a. SIGNATURE J. C. Castaneda D.C.	(Degree or title)	23b. ADDRESS 1520 Page Blvd	23c. DATE SIGNED 8/2/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 8/3/54	24c. NAME OF CEMETERY OR CREMATORY Holy Rosary Cemetery	24d. LOCATION (City, town, or county) (State) Truesdale, Mo.

DATE REC'D BY LOCAL REG. AUG 2 1954	REGISTRAR'S SIGNATURE J. Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Drehmann-Harral 1905 Union Blvd.
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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 *Albert P. Longano*

Licensed Embalmer No. *423*

P. O. Address *H. J. ...*

**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.**