No. 300
10.48

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

FILED MAR 5 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7197

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1733

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) 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Luthern 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) 24 1953 Wyoming 2249

3. NAME OF DECEASED (Type or Print)
a. (First) MARIE
b. (Middle) L
c. (Last) SCHWEIZER

4. DATE OF DEATH (Month) (Day) (Year) 2-16-1956

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 4-22-1906

9. AGE (In years. Last birthday) 49 — If under 1 year: Months 9 Days 24 — If under 24 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 House Wife

11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Henry Purk

13b. MOTHER'S MAIDEN NAME Mary Kindbeiden

14. NAME OF HUSBAND OR WIFE Charles A Schweizer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NONE

16. SOCIAL SECURITY NO. NONE

17. INFORMANT'S SIGNATURE OR NAME Charles A Schweizer **ADDRESS** 1953 Wyoming

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) Chronic Rheumatic Endocarditis — INTERVAL BETWEEN ONSET AND DEATH: 2 years.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Acute Rheumatic Fever — 5 years.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Hepatitis. Acute 414X — 2 days

19a. DATE OF OPERATION ___

19b. MAJOR FINDINGS OF OPERATION ___ 40.1

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 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* 2·12 *1955 to* 2·16, *1956, that I last saw the deceased alive on* 2·16, *1956, and that death occurred at* 5/15 AM *from the causes and on the date stated above.*

23a. SIGNATURE Julius Chas. Rotter (Degree or title) M.D.

23b. ADDRESS 2603 Cherokee St

23c. DATE SIGNED 2·17·56

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

24b. DATE 2-18-1956

24c. NAME OF CEMETERY OR CREMATORY S?S. peter & Paul Cem.

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

DATE REC'D BY LOCAL REG. FEB 17 1956

REGISTRAR'S SIGNATURE J Earl Smith M.D.

25. FUNERAL DIRECTOR'S SIGNATURE WINGBERMUEHLE **ADDRESS** 3819 So Grand Blvd.

S.B.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 461

P. O. Address 18

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.