. Health,
& Welfare
. Public
h Service

S. 300
. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED SEP 24 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34494
STATE FILE NUMBER

Registration District No. 319 Primary Registration District No. 6077 Registrar's No. 43

1. PLACE OF DEATH
a. COUNTY STE. GENEVIEVE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN OZORA (Beauvais) — Inside Limits Yes ☐ No ☑
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Ste. Genevieve R.R. #1 — Length of stay in 1b LIFE

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY STE. GENEVIEVE
c. CITY OR TOWN OZORA 095-0 — Inside Limits Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location) STE. GENEVIEVE MO RR #1 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First ANDREW Middle Last SCHWEIGERT
4. DATE OF DEATH Month SEPT Day 14 Year 1957
5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH OCT 17 1873
9. AGE (In years last birthday) 83 — 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) RETIRED FARMER
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) RIVER AUX VASES MO
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME GEORGE SCHWEIGERT
14. MOTHER'S MAIDEN NAME ROSINE GRASS
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Louis Schweigert Address Festus Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Cardiac Dilatation — INTERVAL BETWEEN ONSET AND DEATH Sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral Hemorrhage — 3 yrs
DUE TO (c) Cerebral Sclerosis — 8 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 331X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Aug 1954 to Sept. 14-57 and last saw her/him alive on July 1951
Death occurred at 3:30 a. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) C. J. Clapsaddle MD
22b. ADDRESS Ste Genevieve Mo
22c. DATE SIGNED 9-14-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE SEPT 16 1957
23c. NAME OF CEMETERY OR CREMATORY SACRED HEART
23d. LOCATION (City, town, or county) OZORA (State) MO

24. FUNERAL DIRECTOR Leo C. Barber Ste. Genevieve Mo ADDRESS
25. DATE RECD. BY LOCAL REG. Sept. 14, 1957
26. REGISTRAR'S SIGNATURE Lucille Barber

(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 em

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Adrian J. Eller

Licensed Embalmer No. 47

P. O. Address Ste. Genev

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