

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-046292  
STATE FILE NUMBER

FILED JAN 6 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11302

300  
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Bellefontaine Neighbors
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. CITY HOSPITAL		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 27 932 Coach'n Six Ct.
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last Martin J. Schweppe			4. DATE OF DEATH Month Day Year Nov. 23, 1958		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH October 16, 1936	9. AGE (In years last birthday) 22	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic	10b. KIND OF BUSINESS OR INDUSTRY Trucking	11. BIRTHPLACE (City and state or country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Martin F. Schweppe	13b. MOTHER'S MAIDEN NAME Hilda A. Schneider	14. NAME OF HUSBAND OR WIFE
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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. 490-38-6526	17. INFORMANT Martin F. Schweppe	Address 932 Coach'n Six Ct.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 3rd degree Burns of 100% of Body		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) suffered in collision between car		

PART II. OTHER SIGNIFICANT CONTRIBUTING CAUSES OR CONTRIBUTIONS TO DEATH (Refer to the table of cause and death in Part 27(a))		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
accidentally occurred in car, Chalter Schweppe, and car		

20. ACCIDENT, SUICIDE, HOMICIDE Accidental	20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of Item 18.) operated by the Chalter Schweppe in front of about 10:00 A.M. in driving about 1207 a.m., November 23, 1958.
20c. TIME OF INJURY Hour Month, Day, Year 1207 11 23 58	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) 8 Street	20f. CITY, TOWN, OR LOCATION St. Louis	COUNTY Mo	STATE
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21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE James M Kelly Coronator	(Degree or title) Deputy	22b. ADDRESS 1300 Clark	22c. DATE SIGNED 11-24-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Nov. 25, 1958	23c. NAME OF CEMETERY OR CREMATORY New Bethlehem, Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
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24. FUNERAL DIRECTOR Beiderwieden F.H.Inc. 1936 St. Louis Ave.	ADDRESS	25. DATE RECD. BY LOCAL REG. Nov 24 '58	26. REGISTRAR'S SIGNATURE J Carl Smith MO m & B.
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Physician, coroner, or other person authorized to certify cause of death must certify cause of death. All diseases in Part I must be causally related.

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

*Ho Embalmer*  
Signed *Arthur P. Jones*

Licensed Embalmer No.....

P. O. Address.....

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.