

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-013607

FILED VS MAR 30 1960

317

Registration District No. **546** Primary Registration District No. **546** Registrar's No. **936**

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY ST LOUIS		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 OVERLAND		Length of stay in 1b MOS.	c. CITY OR TOWN OVERLAND
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION GOOD SHEPHERD REST HOME		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2848 POB AVE
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First EMMETT Middle BALDUS Last SCHWEITZER			4. DATE OF DEATH Month 3 Day 18 Year 60			
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5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-19-1887	9. AGE (last birthday) 72	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED PLUMBER	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) LOUISVILLE KENTUCKY	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME John Schweitzer	13b. MOTHER'S MAIDEN NAME EMMA BAUMIESTER	14. NAME OF HUSBAND OR WIFE ANNA SCHWEITZER
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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) YES WWI	16. SOCIAL SECURITY NO. 404-05-81742	17. INFORMANT NORMA COLLIER 2848 POB OVERLAND 14 MISSOURI	Address
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Coronary Thrombosis		1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Cystitis acutis and	3 yrs
	DUE TO (c) Atherosclerotic Heart Disease	3 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Tuberculosis	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from **10-1-59** to **present** and last saw her alive on **3-18-60**
Death occurred at **3-18-60 at 2:30 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE M. W. P. [Signature]	(Degree or title)	22b. ADDRESS 100 N. Euclid	22c. DATE SIGNED 3-18-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 3-21-60	23c. NAME OF CEMETERY OR CREMATORY NATIONAL	23d. LOCATION (City, town, or county) (State) JEFFERSON BARRACKS MISSOURI
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24. FUNERAL DIRECTOR EARL HILLMAN 9709 HACKLAND OVERLAND MO	ADDRESS	25. DATE RECD. BY LOCAL REG. 3-19-60	26. REGISTRAR'S SIGNATURE [Signature]
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Emil Whiteman

Licensed Embalmer No. 3501

P. O. Address One Clark St

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.