

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		Length of stay in 1b 5 mo		c. CITY OR TOWN St. Ferdinand Twp		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>									
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Johns Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 11755 Riverview		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								
3. NAME OF DECEASED (Type or print) SISTER MARY LEANDER SCHWIETERMAN				4. DATE OF DEATH Month September Day 8th Year 1960											
5. SEX female	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 9/10/08	9. AGE (last birthday) 51	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____									
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher		10b. KIND OF BUSINESS OR INDUSTRY Religious		11. BIRTHPLACE (City and state or country) St. Elizabeth, Mo.		12. CITIZEN OF WHAT COUNTRY USA									
13a. FATHER'S NAME Joh J. Schwieterman		13b. MOTHER'S MAIDEN NAME Martha Schnell		14. NAME OF HUSBAND OR WIFE none											
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. none		17. INFORMANT Address Sister M. Nicoletta, 11755 Riverview											
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broncho pneumonia at lung base lobe DUE TO (b) adenocarcinoma of breast removed 4 yrs ago DUE TO (c) degenerated metastases to all lymphatic lung condites PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pathological fracture of femur (4 metal) 5-6 posttraumatic						INTERVAL BETWEEN ONSET AND DEATH 3 days 1 yr.									
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) 170x													
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			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.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from June - 1960 to 9-8-60 and last saw her alive on 9-7-60 Death occurred at 9:14 am on the date stated above, and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE D. Weyant (Degree or title) MD				22b. ADDRESS 832 1/2 Broadway (15)				22c. DATE SIGNED 9-8-60							
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 9/10/60		23c. NAME OF CEMETERY OR CREMATORY Villa Gesu		23d. LOCATION (City, town, or county) St. Louis Co., Mo.									
24. FUNERAL DIRECTOR Emil J. Hietzenroeder, 8319 Hallsferry				25. DATE RECD. BY LOCAL REG. SEP 9 1960		26. REGISTRARS SIGNATURE Loan Smith, M.D.									

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

State of Missouri

Department of Health

and

State Board of Health

Division of Sanitation

and

Division of Public Health

Certificate of Embalming

State of Missouri

12/01/19

x

other

embalmer

and

embalmer

embalmer

embalmer

none

embalmer

embalmer

embalmer

none

none

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

J W Binkley

Licensed Embalmer No. 3453

P. O. Address H. L. ...

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.

12/01/19

embalmer

embalmer