

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-008703

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **2597**

2597

FILED MAR 15 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6124 Adeline		d. STREET ADDRESS (If outside, give location) 6124 Adeline	
3. NAME OF DECEASED (Type or print) First MEYER Middle G. Last SCHWEITZER		4. DATE OF DEATH Month Mar. Day 6 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-10-1876
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Man (Retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 85
11a. FATHER'S NAME August Schweitzer		11b. MOTHER'S MAIDEN NAME Mary Unknown	
12a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Man (Retired)		12b. KIND OF BUSINESS OR INDUSTRY	
13a. FATHER'S NAME August Schweitzer		13b. MOTHER'S MAIDEN NAME Mary Unknown	
14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Man (Retired)		14b. MOTHER'S MAIDEN NAME Mary Unknown	
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 Emma Barry 6124 Adeline		18. NAME OF HUSBAND OR WIFE Late Bertha Schweitzer	
19. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) C. V. A.		INTERVAL BETWEEN ONSET AND DEATH 1 day	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertensive Heart Disease		1 year	
DUE TO (c) Generalized arteriosclerosis		1 year	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 443x		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	
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.)	
20c. TIME OF INJURY Hour 3:40 A.M. Month, Day, Year May 11, 1960	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 May 11, 1960 to March 5-62 and last saw him alive on March 5/1962		Death occurred at 3:40 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) John M Parato M.D.		22b. ADDRESS 4401 Hampton Ave	22c. DATE SIGNED 3/6/1962
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Mar. 9, 1962	23c. NAME OF CEMETERY OR CREMATORY S/S Peter & Paul Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis, Mo.
24. FUNERAL DIRECTOR Kriegshausen 4228 S. Kingshighway Blvd.		25. DATE RECD. BY LOCAL REG. MAR 7 1962	26. REGISTRAR'S SIGNATURE Loan Smith, M.D.

USE BLACK INK OR TYPEWRITER RIBBON

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 RW Stovessand

Licensed Embalmer No. 4207

P. O. Address St. Louis mo

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.