MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

8018

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 1003

City St. Loui (No. 1823 S. 8th. St. ..... Ward)

File No. 1661

Registered No.

2. FULL NAME Jacob Schwan

(a) Residence. No. 1823 S. 8th. St., 23 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 4th, 1853.

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
75	1	29	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Barber
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Germany

PARENTS

10. NAME OF FATHER Jacob Schwan

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Katherine Poth

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany

14. INFORMANT Michael Schwan
(Address) 1823 S. 8th. St.

15. FILED Feb - 1 1929, 19 Lee C Harkness REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 2nd. 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec. 11, 1928, to Jan. 31st, 1929 that I last saw h... alive on Jan. 31st, 1929, and that death occurred, on the date stated above, at 8.30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Asthma Chronic
Myocarditis Chronic
Non Tubercular Asthma
(duration) — yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) —
(duration) — yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED 93C 112

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) John A. Donnell, M.D.

Feb 4, 1929 (Address) 5006 Margaret Rd.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL S.S. Peter & Pauls

DATE OF BURIAL Feb. 5 1929

20. UNDERTAKER Wacker Helderle

ADDRESS 2331 S. Broadway

10-1-7-8 5006 Lindenwood. 10 10 10 10 27