JUL 24 1929

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

Do not use this space.

20872

File No. 20872

Registered No. 131

1. PLACE OF DEATH
County Cape Girardeau, Registration District No. 125
Township Cape Girardeau, Primary Registration District No. 3009
City Cape Girardeau (No. ..... St. ..... Ward)

2. FULL NAME J. Herman Schwab.
(a) Residence. (No. 1018 Goodhope St. 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	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. J. H. Schwab

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 1-1871

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
58		5	2	

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

9. BIRTHPLACE (CITY OR TOWN) Cape Girardeau County, Missouri
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Ben Schwab
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Carline Ulo
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Cape County
(STATE OR COUNTRY) Missouri

14. INFORMANT Mr. Hill Meyer
(Address) Cape Girardeau, Mo.

15. FILED 6/4 1929 W C Kaempfer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 3 1929

17. I HEREBY CERTIFY, That I attended deceased from 6-3, 1929, to 6-3-29, 1929 that I last saw him alive on 6-3, 1929, and that death occurred, on the date stated above, at 10:15 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
(duration) yrs. 1 hr mos. ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis
(duration) Uncertain yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) [signature], M. D.
6/4, 1929 (Address) Cape Girardeau

*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 Lorimier
DATE OF BURIAL June 5 1929

20. UNDERTAKER Al Brinkopf
ADDRESS 536 Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.