

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

Do not use this space.

17989

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis**

(No. **City Hospital**)

File No.

Registered No. **5138**

St. Ward)

2. FULL NAME

Charles Schwatze

(a) Residence. No. **4122 1/2 St.** St. **15** Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **60** yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

2 MEDICAL CERTIFICATE OF DEATH

3. SEX **Male**

4. COLOR OR RACE **White**

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **married**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **May 27 1930**

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

17. I HEREBY CERTIFY, That I attended deceased from **May 27 1930** to **May 27 1930** that I last saw him alive on **May 27 1930** and that death occurred, on the date stated above, at **8:45 am**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Oct 19 - 1843**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. **86 7 5**

Chronic Myocarditis with 2° decompensation

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work **Carpenter 93**

(duration) yrs. mos. ds.

(b) General nature of industry, business, or establishment in which employed (or employer) **Retired 93**

CONTRIBUTORY (SECONDARY) **93** (duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

10. NAME OF FATHER **Chas Schwatze**

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? **No**

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

WHAT TEST CONFIRMED DIAGNOSIS? **Clinical**

(Signed) **Carl J. Harty** M. D.

12. MAIDEN NAME OF MOTHER

St Paul (Address) **City Hospital**

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

*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.

14. INFORMANT **Anna**

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **St Paul's Churchyard** DATE OF BURIAL **5/27 1930**

(Address) **City Hospital**

20. UNDERTAKER **Zegenheim Bros.** ADDRESS **2621 Cherokee**

FILED **MAY 29 1930** **Max C. Harty** REGISTRAR

Exact statement of OCCUPATION is very important.

29
10
31

Schwarze

1833