

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

7760

**1. PLACE OF DEATH**

County.....

Registration District No. 791

File No. ....

Township.....

Primary Registration District No. 1003

Registered No. 2123

City St. Louis (Name of City, Town, or Village) City Hosp. #1

St. ....

Ward

# 19765

**2. FULL NAME**

Adolph Schiwitz

(a) Residence. No. 53430 Easton Sts. 68 Ward. ....

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED married

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 15<sup>th</sup> 1931

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Madge Schiwitz

17. I HEREBY CERTIFY, That I attended deceased from Feb 12<sup>th</sup> 1931 to Feb 15<sup>th</sup> 1931 that I last saw him alive on Feb. 15<sup>th</sup> 1931, and that death occurred, on the date stated above, at 2:15 P. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 7-1897

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE YEARS 33 MONTHS 6 DAYS 8 If LESS than 1 day, hrs. or min.

51 Heart block  
9511

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Steamy fitter Laborer 73  
(b) General nature of industry, business, or establishment in which employed (or employer) Ford motor car Co  
(c) Name of employer

CONTRIBUTORY (SECONDARY) Syphilis  
(duration) yrs. mos. da.

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH

10. NAME OF FATHER August Schiwitz

DID AN OPERATION PRECEDE DEATH? No DATE OF 1931  
WAS THERE AN AUTOPSY? No

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

WHAT TEST CONFIRMED DIAGNOSIS Clinical; laboratory  
(Signed) Jerome Johnson, M. D.

12. MAIDEN NAME OF MOTHER Helmina Klinge

2/16, 1931 (Address) City Hosp.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Scott Co Mo

\*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 E. Rowan (Address) City Hosp.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL New Bethlehem DATE OF BURIAL 2-17 1931

15. FILED Feb 17 1931 Max O Parker REGISTER

20. UNDERTAKER Theo W. Beidemredon ADDRESS 1936 St Louis and

WRITE PLAINLY, WITH UNFADING INK--THIS IS IMPORTANT. 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.

Schmitt

AUG 2 1957