

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

Do not use this space.

7045

1. PLACE OF DEATH

100 County Death
Township Kalos
City St. Louis (No. _____)

Registration District No. 115 V
Primary Registration District No. 60.65

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. St. Louis, Missouri Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 27-1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 3 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. Minnie Schwitz
(ADDRESS) St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Lutheran Cemetery DATE Feb. 7 1932

19. UNDERTAKER (ADDRESS) W. B. Wofford - Cape Ker...

20. FILED 2-6 1932 7, 5, 2000

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 5 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 31 1932 to Feb. 5 1932

I last saw him alive on Feb. 5 1932 Death is said to have occurred on the date stated above, at 8:20 p.m.

The principal cause of death and related causes of importance were as follows:

Coronary thrombosis
Heart
Stroke
Date of onset _____

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) J. J. Gannon M. D.
(Address) St. Louis, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

FEB 25 1932

