

MAY 7 1936

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City. St. Louis Mo. (No. St. John's Hospital)

File No. 16893

Registered No. 3639

St. Ward)

2. FULL NAME Gustav Schwahn(a) Residence No. 3828 Flad av. St. 17 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 17-18767. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
60 7 168. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. machinist9. 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) Rochester
New York13. NAME Henry Schwahn14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Caroline Houser16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT Miss Lina Schwahn
(ADDRESS) 3828 Flad av.18. BURIAL, CREMATION, OR REMOVAL PLACE Walnut Hill Bellefonte Ill DATE Apr 4, 193619. UNDERTAKER E. J. Schuer
(ADDRESS) 2125 Lafayette av20. FILED J. Bredeck
Registrar.

APR 3 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 2 193622. I HEREBY CERTIFY, That I attended deceased from Apr 4, 1935, to Apr 2, 1936I last saw him alive on Apr 1, 1936 Death is saidto have occurred on the date stated above, at 5:30 a.m.

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

Coronary
Arteriosclerosis

Date of onset

Other contributory causes of importance:

Name of operation Inoperable - Colostomy Date of 3/20/35What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

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? Yes

If so, specify

(Signed) E. J. Schuer, M. D.(Address) 517-26 Belmont St

