

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

33599
Do not use this space.

NOV 16 1938

1. PLACE OF DEATH

(a) County
 (b) Township
 (c) City St. Louis Mo. (d) Street No. 4728 McPherson Ave St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 4728 McPherson Ave St. 124 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB. 22-1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 7 8

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Nil.
 9. Industry or business in which work was done, as 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) Indiana.

FATHER 13. NAME John Roeger
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Margaretta Dressendorfer
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Glenn Schwing
4728 McPherson Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cem. DATE 10/1/38

19. FUNERAL DIRECTOR (ADDRESS) Edith E. Ambruster
4234 Manchester Ave.

20. FILED OCT 1 1938 J. Predeck
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/30/38 19

22. I HEREBY CERTIFY, That I attended deceased from 9/24, 1938, to 9/24, 1938
 I last saw him alive on 9/24, 1938. Death is said to have occurred on the date stated above, at 12:15 A.M.
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
Arterial Sclerosis
Chronic Interstitial Nephritis
 Date of onset 10/1/38

Other contributory causes of importance:
Arterial Sclerosis
Chronic Interstitial Nephritis

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 U

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify (Signed) P. B. Barnhart, M.D., M. D.
 (Address) 6312 Washington

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.

STATEMENT BY LICENSED EMBALMER

I, Flornz Eynck, Licensed Embalmer No. 1284

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed Flornz Eynck
Licensed Embalmer No. 1284

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)