

FILED NOV 29 1943
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9889

1. PLACE OF DEATH:

(a) County St. Louis Mo.
(b) City or town St. Louis Mo.
(c) Name of hospital or institution: City Hospital No 1
(d) Length of stay: In hospital or institution 4 Days

In this community (Specify whether years, months or days)

3. (a) PRINT FULL NAME JOHN J. SCHWOB

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Wilhelmina Schwob 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased July 12 1880 (Month) (Day) (Year)

8. AGE: Years 63 Months 3 Days 30 If less than one day hr. min.

9. Birthplace Indiana (City, town, or county) (State or foreign country)

10. Usual occupation Auto Mechanic

11. Industry or business _____

12. Name Joseph Scwob

13. Birthplace France (City, town, or county) (State or foreign country)

14. Maiden name Susan Bender (State or foreign country)

15. Birthplace France (City, town, or county) (State or foreign country)

16. (a) Informant Wilhelmina Schwob

(b) Address 3128 Pennsylvania Ave.

17. (a) Burial (b) Date thereof Nov 13/43 (Month) (Day) (Year)

(c) Place: burial or cremation New S.S. Peter & Paul

18. (a) Signature of funeral director J. F. Bruleck & Son

(b) Address 2906 Gravois Ave

19. (a) NOV 12 1943 (Date received local Registrar) J. F. Bruleck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 9889
(c) City or town St. Louis (d) Street No 3128 Pennsylvania Ave.
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 11 year 1943 hour 2 35 A.M. minute M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death: Infarct of Brain
Infarct of both Lungs
Coronary Artery Disease
Due to fall from the sidewalk into the street in front of 2767 Brevier Ave. about 4:45 Pm 11-6-43

Other condition (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 100

(b) Date of occurrence 11-6-43

(c) Where did injury occur? St. Louis Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place

While at work _____ (Specify type of place) Means of injury fall

23. Signature _____ (M. D. or other) Date signed 11/12/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *David Van Fossen*.....

Licensed Embalmer No. *4242*.....

P. O. Address *2906 Main Street*.....

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.)

If this body is not embalmed, fact should be so stated above.