

No. 2
-12-45
5-17-39
X47020

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42944**
Registrar's No. **10500**

Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis, Missouri.**
(b) City or town **St. Louis, Missouri.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. Louis City Hospital-Max C. Starkloff Memorial**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **St. Louis**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **533 W. Marceau st.**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **6th**
year **1946** hour **1:25** minute **P** M.
21. I hereby certify that I attended the deceased from **11/15/46**
to **Dec. 6th 1946**
that I last saw him alive on **Dec. 6th 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary hemorrhage** Duration **10 min.**

Due to **bronchogenic carcinoma right main stem bronchus** **7 months?**

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy **As above**
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature **J. F. Bredeek** **12/16/46** (Other) _____
Address _____ Date signed _____

3. (a) PRINT FULL NAME **ERNEST SCHWAEBE**

3. (b) If veteran, name war **no** 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 **Elizabeth Schwaebe** 6. (c) Age of husband or wife if alive **74** years

7. Birth date of deceased **November 7th 1879**
(Month) (Day) (Year)

8. AGE: Years **67** Months **0** Days **29** If less than one day _____ hr. _____ min.

9. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Nil**

11. Industry or business _____

12. Name **Frederick Schwaebe**

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

14. Maiden name **Clariasa Polk**

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

16. (a) Informant **Elizabeth Schwaebe**

(b) Address **533 W. Marceau st.**

17. (a) **Burial** (b) Date thereof **Dec. 9, 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Wesleyan Cemetery**

18. (a) Signature of funeral director **C. Hoffmeister U. & L. Co.**

(b) Address **7814 S. Broadway**
DEC 9 1946 (Date received local registrar)
J. F. Bredeek (Registrar's signature)

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

41700

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.....

Harry J. Schumacher

.....
Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

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.