

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

Do not use this space.

2744

**1. PLACE OF DEATH**

County.....

Registration District No. 791

Township.....

Primary Registration District No. 791

City St. Louis (No. City of St. Louis)

File No. ....  
Registered No. 316 St. .... Ward)

**2. FULL NAME**

Charles (Kleweck) Schwewe

(a) Residence, No. 146 R Laurel St. 5 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) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 18 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
70 0 3

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Labour  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY)

10. NAME OF FATHER Conrad Schwewe

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Bernau (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Catherine Dubois

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unknown (STATE OR COUNTRY)

14. INFORMANT (Address) Max Starkoff  
City of St. Louis

15. FILED Jan 10 1927 Max Starkoff REGISTRAR

**2. MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 8 1927

17. I HEREBY CERTIFY That I attended deceased from Dec 24 1926 to Jan 7 1927 that I last saw him alive on Jan 7 1927 and that death occurred, on the date stated above, at 7:30 a.m.

THE CAUSE OF DEATH\* was as follows:

Bronchopneumonia  
Acute Myocarditis  
non Tubercular (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) POB (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS..... (Signed) R. M. Smith M. D. (Address) City of St. Louis

\*State the DISEASE CAUSING DEATH or in deaths from VIOLENT CAUSES, state (1) MEANS and NATURE of INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Park Lawn Cem. DATE OF BURIAL Jan. 10 1927

20. UNDERTAKER Ziegenhain Bros. 2623 ADDRESS St. Louis

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.

DEPARTMENT RECORD

*Schweizer*