

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

Do not use this space.

28398

1. PLACE OF DEATH

County.....

Registration District No.....

791

1003

File No.....

Township.....

Primary Registration District No.....

Registered No.:

7920

City.....

(No. *Alexian Bro Hospital*)

St. Ward)

2. FULL NAME

Rev Brother Alfred (Leopold Schwaab)

(a) Residence. No. St.,

Glencoe Mo 124 Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

ys.

mos.

ds.

How long in U.S., if of foreign birth?

ys.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Male

White

Single

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

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

Nov 15 1849

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

77

9

19

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Christian Brother

(b) General nature of industry, business, or establishment in which employed (or employer)

Teacher

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

10. NAME OF FATHER

Unknown Schwaab

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

German

14.

INFORMANT (Address)

*Rev Brother Leopold Schwaab
Glencoe Mo*

15.

FILED

SEP -6 1927

Max L. Stadeloff

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Sept 4 1927

17.

I HEREBY CERTIFY That I attended deceased from

that I last saw him alive on and that death occurred, on the date stated above, at.....

THE CAUSE OF DEATH* WAS AS FOLLOWS:

*Ch. Hemerulo Nephritis.
31 Sept 2 1927*

CONTRIBUTORY (SECONDARY)

*Ch. Myocarditis
(duration) 2 yrs 6 mos ds.
(duration) 2 yrs 7 mos ds.*

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH.....

no DATE OF.....

20. WAS THERE AN AUTOPSY.....

no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

*Schwaab
E. B. Breda, M. D.
15, 1927 (Address) Alexian Bro*

*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

DATE OF BURIAL

20. UNDERTAKER

ADDRESS

*Glencoe Mo
Arthur J. Donnelly 2039 Wash St*

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.

