

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

Do not use this space.

3772

1. PLACE OF DEATH

County Registration District No. **791**

Township Primary Registration District No. **1003**

City **St. Louis** (No. **City 1362**)

File No.

Registered No. **376**

St. Ward

2. FULL NAME

(a) Residence No. **1607 1/2 Menard St. 73** Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred **29** 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) **Single**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Aug 15 - 1899**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	29	4	20	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work **Labourer**
(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 **Robert Schwandeger**

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

12. MAIDEN NAME OF MOTHER **Mary Carley**

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

14. INFORMANT **Edmund R. Sheridan**
(Address) **City 1362**

15. FILED **-8, 1929** **Wm. C. Parker** REGISTRAR

1. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **June 5 1929**

17. I HEREBY CERTIFY, That I attended deceased from **June 4**, 19**29**, to **June 5**, 19**29**, that I last saw him alive on **June 5**, 19**29**, and that death occurred, on the date stated above, at **6:30** a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary tuberculosis
23A
(duration) yrs. mos. ds.

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

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

DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) **Edmund R. Sheridan** M.D.
1/6, 19**29** (Address) **City 1362**

*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 **New St. Johns Church** DATE OF BURIAL **1/9 1929**

20. UNDERTAKER **Chapman & Co** ADDRESS **7814 So. Broadway**

WRITE MAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

Schwandeger