

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1008**
 City..... (No. **Found at 4808th Maffett**) St. _____ Ward)

35864

File No. _____
 Registered No. **10380**

2. FULL NAME

Charles Schweppe
 (a) Residence, No. **4808th Maffett** St. _____ 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 Bernice Schweppe		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 30, 1906		
7. AGE	YEARS 25	MONTHS 3
	DAYS 8	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Automobile	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mechanic	
	10. Date deceased last worked at this occupation (month and year).....	11. Total time (years) spent in this occupation.....
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.		
FATHER	13. NAME John Schweppe	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.	
MOTHER	15. MAIDEN NAME Lonia Brown	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois	
17. INFORMANT (ADDRESS) Henry Schweppe 2124 John		
18. BURIAL, CREMATION, OR REMOVAL PLACE Biedens DATE Oct 12, 1931		
19. UNDERTAKER (ADDRESS) Math. Heumann & Son 2161 E 4th St		
20. FILED 107-16-1531 W. W. Warkentin Registrar		

MEDICAL CERTIFICATE OF DEATH
No. 10380 on this occurrence
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) **10/8, 1931**
 22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at **2:30 P.M.**
 The principal cause of death and related causes of importance were as follows:
178X Asphyxia due to fumigating gas (cyanide) plus to the presence of fumes when apartment underneath was being fumigated. Date of onset _____
 Other contributory causes of importance:
Criminal Carcinoma
None
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? **yes**
 23. If death was due to external causes (violence), fill in also the following:
 Accidents, suicide or homicide? _____ Date of injury **10/8, 1931**
 Where did injury occur? **St. Louis, Mo.** (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
at home
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? **Yes**
 If so, specify _____
 (Signed) **John H. Kerey** M.D.
Deputy Coroner

WRITE PLAINLY, 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.

