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.

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

Do not use this space.
42426

1. PLACE OF DEATH

County ..... Registration District No. 791 10[illegible]

Township ..... Primary Registration District No. ..... File No. 12335

City St. Louis (No. 3138a, Olive St. ..... Ward)

Registered No. .....

2. FULL NAME George C. Schwand

(a) Residence, No. 3138a Olive St., N Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 27, 1885

7. AGE: YEARS 46 | MONTHS 6 | DAYS 14 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Time Keeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Century Electric Co.
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 Schwand
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Minnie Draza
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Mrs. Lena Huse, 5602 Highland Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Bethlehem DATE Dec. 14, 1931

19. UNDERTAKER (ADDRESS): Math. Hermann and Son, 2161 East Fair Ave.

20. FILED DEC 13 1931, 19 [illegible] Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 11, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 6, 1931, to Dec 11, 1931

I last saw him alive on Dec 11, 1931. Death is said to have occurred on the date stated above, at 9:15 P. m.

The principal cause of death and related causes of importance were as follows:

Pneumonia Lobar — Date of onset 12. 4. 31
Dec 4. 31
P. Cardiac Embolism

Other contributory causes of importance: 108 99A 108

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Otto Sutter, M. D.

(Address) Frisco Bldg.