

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

Do not use this space.

13880

1. PLACE OF DEATH

96 County St. Louis Registration District No. 1123
Township Carondelet Primary Registration District No. 0248
City St. Louis (No. 9015 St. Adams)

File No. _____
Registered No. 144 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 9015 St. Adams 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 Rose Schweickert
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 23 1966
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 1 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) Germany 10

13. NAME Not known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known 31

15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT Rose Schweickert (ADDRESS) 9000 St. Adams

18. BURIAL, CREMATION, OR REMOVAL PLACE Parish Lawn DATE Apr 28 1932

19. UNDERTAKER Handley Med Co (ADDRESS) 7819 M. Ch. Ave

20. FILED Apr 26 1932 L. C. Abbott Registrar

3- MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 28 1932

22. I HEREBY CERTIFY, That I attended deceased from April 1 1932 to April 25 1932
I last saw him alive on April 25 1932. Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:
Cancer (Stomach.) Date of onset _____

46B 46B 93C ①
Other contributory causes of importance:

Chronic myocarditis

Name of operation Exploratory laparotomy Date of _____ 1932
What test confirmed diagnosis? Pathology 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) C. W. Hartman M. D.
(Address) 3115 No. Grand

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.

MAY 8 1932

WHITE COPY WITH CONTINUING INK—THIS IS A PERMANENT RECORD

