

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

Do not use this space.

17933

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City..... (No. City Hospital)

File No.....
Registered No. 4129
St..... Ward)

2. FULL NAME

Caroline M. Schwabe

(a) Residence, No. 3416 S. Jefferson St. 24 Ward.

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 5 - 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 3 2.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1860

10. Date deceased last worked at this occupation (month and year) 1905 11. Total time (years) spent in this occupation 1905

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

13. NAME Max Lorenzen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 11

17. INFORMANT Mrs. Johanna Schwabe (ADDRESS) 5215 Nottingham

18. BURIAL, CREMATION, OR REMOVAL PLACE Belleville, Del. DATE 5-10-33

19. UNDERTAKER Wm. Bros & Co. (ADDRESS) 292 S. Jefferson

20. FILED V - 9 1933 F. Redick Registrar.

No physician is attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7 1933

22. I HEREBY CERTIFY, That I attended deceased from 2 1933, to 19 1933. I last saw h. alive on 6:20 1933. Death is said to have occurred on the date stated above, at 6:20 P.M.

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

Chronic Interstitial Nephritis
1860

Other contributory causes of importance 6

Fracture of Right Femur
Fall-off chair in home

Name of operation..... Date of..... No
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? accident 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?
If so, specify.....

(Signed) Karol J. Schubert M.D.
Deputy Registrar
(Address).....

5/5/33

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.

RECORD

