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.

NOV 10 1933

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

Do not use this space.

34894

1. PLACE OF DEATH

County ..... Registration District No. 7911

Township ..... Primary Registration District No. 10US

City St Louis No. 5937 Delmar Str ..... Ward)

File No. .....

Registered No. 9071

2. FULL NAME Peter Schwab

(a) Residence, No. 5937 Delmar Str. 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*): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1/26/1878

7. AGE: Years 55 | Months 8 | Days 22 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Lammert Turn 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: Peter Schwab

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Mary Eisterer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Eleanor Schwab 5937 Delmar

18. BURIAL, CREMATION, OR REMOVAL PLACE: Calvary Cemetery DATE: 10/23, 1933

19. UNDERTAKER (ADDRESS): Alex W. Dickman 3039 Easton Av

20. FILED: OCT 21 1933, 19..... J. F. Bredeck, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 9th, 1933, to Oct 19th, 1933

I last saw him alive on Oct. 19th, 1933. Death is said to have occurred on the date stated above, at 3 Hours p.m.

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

	Date of onset
Toxic Psychosis	
(Neurasthenia + Autotoxalemia)	10-4-33
100A	
11.1A	
6B	
Other contributory causes of importance:	
Double Bronchopneumonia	10-17-33
Following Acute Bronchitis	
9	

Name of operation: X ..... Date of: X

What test confirmed diagnosis? X ..... 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 X

(Signed) Willis E. Stark, M. D.

(Address) 1405 O. Bldg