

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

Do not use this space.

2481

File No. \_\_\_\_\_  
Registered No. 28  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County St. Louis Registration District No. 790  
Township Central Primary Registration District No. 6033<sup>a</sup>  
City Clayton (No. St. Louis County Hospital)

**2. FULL NAME** Schwesler Rose

(a) Residence, No. 4428 Rosewood St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 4 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**2 MEDICAL CERTIFICATE OF DEATH**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-23, 1934

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

22. I HEREBY CERTIFY, That I attended deceased from 1-16, 1934, to 1-23, 1934.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 14 - 1931

I last saw h. alive on 1-23, 1934. Death is said

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
2 3 9

to have occurred on the date stated above, at 11:50 a.m.

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

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

meningoencephalitis  
Date of onset 107A

Other contributory cause of importance: 107A

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pinle Lawn Mo

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

13. NAME H. W. Schwesler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Veedna Mo

15. MAIDEN NAME Stella Burt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blount Mo

17. INFORMANT H. W. Schwesler  
(ADDRESS) 4428 Rosewood

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Vienna, Mo DATE Jan 26 1934

19. UNDERTAKER L. B. Tanner  
(ADDRESS) 6107 Natural Bridge Rd

20. FILED 1/25/34 1934 Robert J. Embrey Registrar

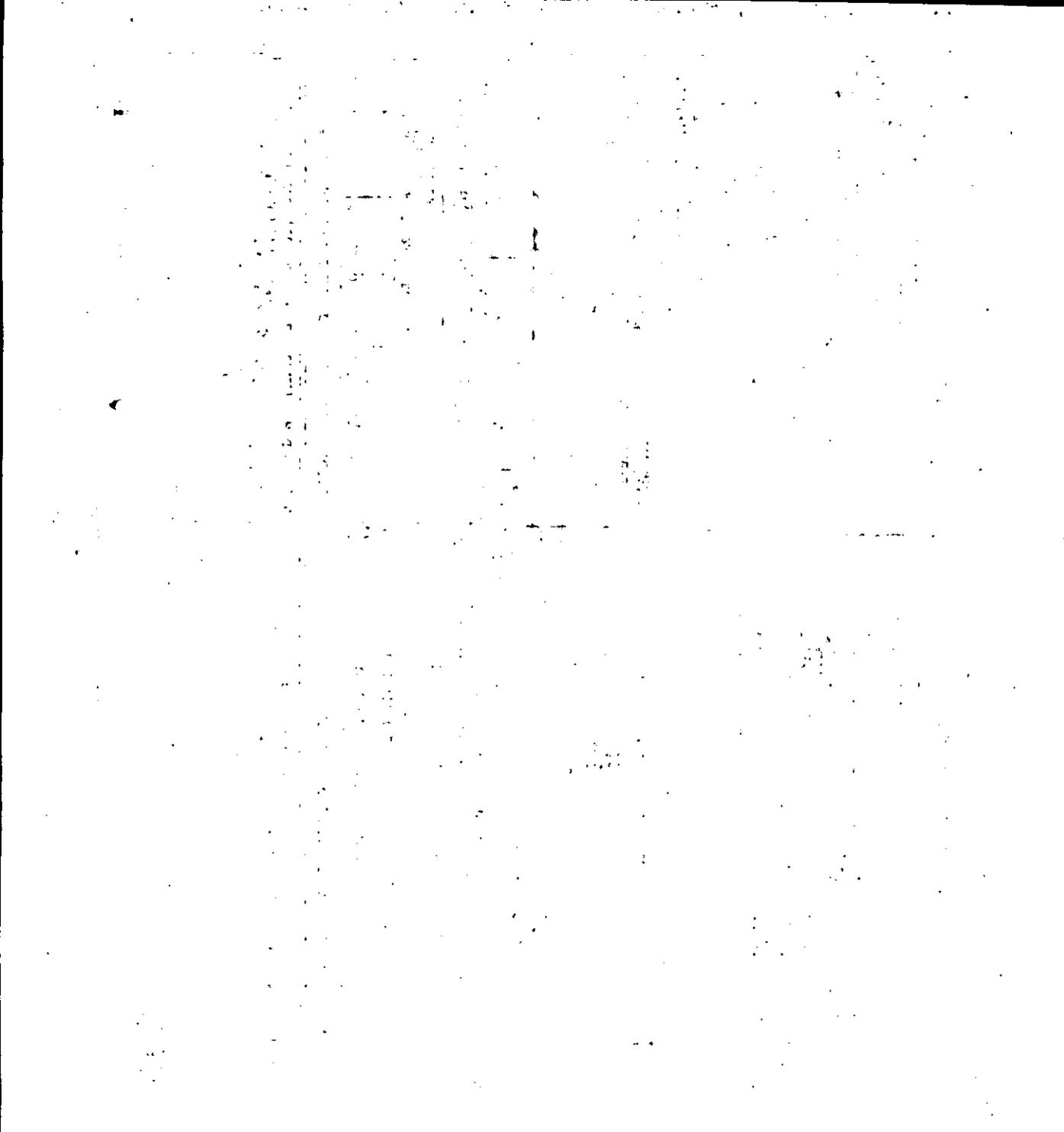
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or 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) J. G. Gubner, M. D.  
(Address) St. Louis Co Hospital Clayton, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED FEB 27 1934



DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

E. T. McLaughlin, M. D.,

Special Agent,

Jefferson City, Mo.

2481

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Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Wm Schweigler  
Who died at \_\_\_\_\_ on Jan 23 - 1934  
Residence: No. \_\_\_\_\_ St. \_\_\_\_\_  
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
Sex m Color or race w Single, married, widowed or divorced: \_\_\_\_\_

Date of birth \_\_\_\_\_ Age: Years 2 Months 3 Days 9

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_

Date deceased last worked at this occupation: Month 10 Year 1934

Birthplace (State or country) \_\_\_\_\_

Birthplace of father (State or country) \_\_\_\_\_

Birthplace of mother (State or country) \_\_\_\_\_

Principal cause of death: Broncho pneumonia

Other contributory causes of importance Aspirated pneumonia -- 12-24-33

Name of operation Bronchoscopy Date of 1-16-34 1-17-34

What test confirmed diagnosis? X-ray Was there an autopsy? No

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 \_\_\_\_\_

Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

Name of physician George Buchowski

Address of physician St. John's Hosp.

Signature of Registrar Robert J. Auerbach

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 790

Primary Reg. Dist. No. 6033

Very truly yours,

E. T. McLaughlin M.D.

Special Agent.

S.E.

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