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.

APR 25 1934

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

Do not use this space.

791

10608

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 2428

City St. Louis (No. De Paul Hospital St. ..... Ward)

2. FULL NAME Herman J. Schrewe

(a) Residence, No. 4159 West Florissant St., Ward 9
(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 Lucy F. Schrewe (Kudten)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 27, 1874

7. AGE YEARS 59 MONTHS 3 DAYS 9 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

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 Herman Schrewe

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Detroit Mich

MOTHER

15. MAIDEN NAME Frances M. Barthelmea

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

17. INFORMANT (ADDRESS) Mrs. Lucy F. Schrewe 4159 West Florissant Av.

18. BURIAL, CREMATION, OR REMOVAL

PLACE S. S. Peter and Paul DATE Mar. 10, 1934

19. UNDERTAKER (ADDRESS) Math. Hermann and Son 4161 East Fair Av.

20. FILED ..... 19.. J. S. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 4th, 1934, to March 8, 1934

I last saw him alive on March 8th, 1933. Death is said to have occurred on the date stated above, at 9:30 A. m.

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

Paresis of the Insane

Date of onset

83

Other contributory causes of importance:

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

What test confirmed diagnosis? Reflexes 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) A. Gettinger, M. D.

(Address) 2745 S. Grand