

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

100M-11-24-33

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.

APR 9 1935

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City **St. Louis, Mo.**

Registration District No. **791**
Primary Registration District No. **1003**
(No. **3949 S. Grand Boulevard**)

10779
File No.....
Registered No. **2399**
St..... Ward.....

2. FULL NAME **Charles A. Schwind**

(a) Residence, No. **3949 S. Grand Blvd.** St. **16** Ward.....
(Usual place of abode)

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. (If nonresident, give city or town and State)

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 Elizabeth Schwind (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 4th, 1856		
7. AGE	YEARS 79	MONTHS 0
	DAYS 6	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. Salesman
	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, Missouri**

FATHER 13. NAME **Ferd Schwind**

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

MOTHER 15. MAIDEN NAME **Mary Berg**

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

17. INFORMANT (ADDRESS) **Elizabeth Schwind, 3949 S. Grand Boulevard**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New St. Marcus** DAY **March 13** 19**35**

19. UNDERTAKER (ADDRESS) **W. Buck Bros, 2201 S. Grand Boulevard**

20. FILED **MAR 13 1935** **Joe J. Braddock** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 10th 1935**

22. I HEREBY CERTIFY, That I attended deceased from **1/20** 19**35**, to **March 10** 19**35**.
I last saw him alive on **March 9** 19**35**. Death is said to have occurred on the date stated above, at **9:15 A.M.**

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

Cancer of the eye 2 years
Myocarditis Acute 3 weeks

Name of operation..... Date of.....
What test confirmed diagnosis? **Lab** Was there an autopsy?.....

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?.....
If so, specify.....
(Signed) **Albert G. Brown**, M. D.
(Address) **1841 1/2 St**

WV Bureau

1841 S. 12th Street

10-12-30

6-8 PM

[Faint, mostly illegible text, possibly a list or report. Some words like "REPORT" and "BUREAU" are visible.]
 REPORT
 BUREAU
 [Additional faint text follows, including what appears to be a date "10-12-30" and a time "6-8 PM" in the right margin.]