FEB 17 1937

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

Do not use this space.

43750

1. PLACE OF DEATH

County Bollinger — Registration District No. 66 — File No.

Township Lorance — Primary Registration District No. 510-B — Registered No.

City Glen Allen (No. ..... St. ..... Ward)

2. FULL NAME Henry Fredrick Schwering

(a) Residence. No. ..... St., ... 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 6, 1863

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	73	3	14	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Justice of Peace
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

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

PARENTS

10. NAME OF FATHER Henry William Schwering

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany Voulet

12. MAIDEN NAME OF MOTHER Sophia ~~[illegible]~~

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

14. INFORMANT Mrs. H. F. Schwering
(Address) Glen Allen

15. FILED 12-22-1937 [signature] REGISTRAR
[signature]

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 19 1936

17. I HEREBY CERTIFY, That I attended deceased from Dec 1st, 1936 to Dec 19, 1936 that I last saw him alive on Dec 17, 1936 and that death occurred, on the date stated above, at 11 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Valvulum heart trouble and infirmitys of old age

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) J. Wan Amburg, M. D
, 19 (Address) Lutesville MD

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Glenallen MO.	Dec 21 1936

20. UNDERTAKER	ADDRESS
Baker Funeral Home	Lutesville

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of [illegible]