

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

Do not use this space.

1. PLACE OF DEATH **JUN 12 1937** Registration District No. **791**
 County..... Township..... City..... (No. *Em Route City Hosp #1*)
 Primary Registration District No. **1003** File No. **18352**
 Registered No. **4928** St. **9** Ward **1**

2. FULL NAME **RUOLF SCHWART**
 (a) Residence, No. **2243 DODIER ST** St. **20** Ward. (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 KATHERINE SCHWART		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB. 25, 1889		
7. AGE YEARS 48	MONTHS 2	DAYS 19
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. BARBER		
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
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY		
13. NAME HENRY SCHWART		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY		
15. MAIDEN NAME ADELINE ADRIAN		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY		
17. INFORMANT (ADDRESS) KATHERINE SCHWART 2243 DODIER ST.		
18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY CEMETERY DATE MAY 17, 1937		
19. UNDERTAKER (ADDRESS) Goodhart & Goodhart 2225 N. Young Ave		
20. FILE MAY 15 1937 J. J. Prudech Registrar		

MEDICAL CERTIFICATE OF DEATH
No Physician in Attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **5/14/1937**

22. I HEREBY CERTIFY, That I attended deceased from 19....., to..... 19.....
 I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at **10:45 A.M.**
 The principal cause of death and related causes of importance were as follows:
Asphyxiation as a result of inhaling illuminating gas poisoning at his home on May 14, 1937 at about 10:45 A.M.
 Other contributory causes of importance: **None**

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? **Suicide** Date of injury **5/14/1937**
 Where did injury occur? **St. Louis, Mo.** (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. **In home**

Manner of injury.....
 Nature of injury **See Above**

24. Was disease or injury in any way related to occupation of deceased? **No**
 If so, specify.....
 (Signed) **Joseph M. Deem** M.D.
 (Address) **Deputy Coroner**

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.

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