

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.

NOV 24 1937

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

Do not use this space.

1. PLACE OF DEATH

County Waggon
Township Charette
City (No. _____) _____ St. _____ Ward _____

Registration District No. 854
Primary Registration District No. 6126

File No. 39066
Registered No. 35

2. FULL NAME

Fritz Herman Schwegmann

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred: 50 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) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) Husband of Lydia Freese

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 21st 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 70 one one

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

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) Still did some of it 11. Total time (years) spent in this occupation _____

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

13. NAME Rudolph Schwegmann

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

15. MAIDEN NAME Wilhelmina Botter

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

17. INFORMANT (ADDRESS) Elmer Schwegmann 1020 West 5th St. Washington

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Funeral Home 1100 Oct 26 1937

19. UNDERTAKER (ADDRESS) Fred W. Schaefer 1100 Washington St. Mo

20. FILED Oct 23, 1937 J. C. Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 22 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 1st, 1935, to Oct 22nd, 1937. I last saw him alive on Oct. 19th, 1937. Death is said to have occurred on the date stated above, at 6 P m.

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

Chronic Valvular Heart disease Date of onset Aug 1935

Other contributory causes of importance: Former sickness & hard work

Name of operation None Date of _____
What test confirmed diagnosis? Physical exam Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? None Date of injury _____, 19____
Where did injury occur? No injury (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury None
Nature of injury No injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____
(Signed) Benjamin Brandt, M. D.
(Address) Floristell No.

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