

DEC 13 1937

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

39384

Do not use this space.

791

1008

Registered No. 10371

1. PLACE OF DEATH

(a) County..... Registration District No.....
(b) Township..... Primary Registration District No.....
(c) City St. Louis, Mo. (d) Street No. 2008N, 14th St. St. 26
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Horace Schwing

(a) Residence, No. 2008N, 14th St. St. 26 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*writes the word*) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maria Schwing

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 18, 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87 10 21

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Nil
9. Industry or business in which work was done, as 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) Kentucky

13. NAME ? Schwing

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

15. MAIDEN NAME Amanda Burton

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

17. INFORMANT Maria Schwing
(ADDRESS) 2008 N. 14th St.,

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove DATE 11/9/37

19. FUNERAL DIRECTOR Edith E. Ambrose
(ADDRESS) 4343 Maple Street, St. Louis

20. FILED NOV 18 1937
J. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/8/37 1937

22. HEREBY CERTIFY, that I attended deceased from November 3rd 1937 to November 7th 1937
I last saw him alive on November 7th 1937 Death is said to have occurred on the date stated above, at 12:15 A. M.

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

Uremic Poisoning
Chronic Nephritis
Ch. Prostatitis

Name of operation None Date of.....
What test confirmed diagnosis?..... 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? No
If so, specify None
(Signed) Ronnie E. Holowinski, M.D.
(Address) 1502 Cassar St. St. Louis

STATEMENT BY LICENSED EMBALMER

I, Florenz Eynck, Licensed Embalmer No. 1284

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Florenz Eynck

Licensed Embalmer No. 1284

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)