REC'D APR 22 1938

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

10240

Do not use this space.

1. PLACE OF DEATH

11 (a) County Buchanan 2 Registration District No. 85

5 (b) Township 1 Primary Registration District No. 1001 Registered No. 440

7 (c) City St. Joseph. (d) Street No. 716 North 10th St. St.

(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 Auguste Schwien. 500

(a) Residence, No. 716 North 10th St. St. (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 (write the word): Widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Louise Schwien.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): September 26, 1857.

7. AGE: Years 80 | Months 6 | Days 22 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Ret Hardware Mer.

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): Jan 1938

11. Total time (years) spent in this occupation: 50Yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Alsalse Lorane France. 7

FATHER

13. NAME: Francis Xavier Schwien. 7

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown. France. 7

MOTHER

15. MAIDEN NAME: Antoinette Somez. 7

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown. France.

17. INFORMANT (ADDRESS): Miss Beatrice Schwien. 716 North 10th St.

18. BURIAL, CREMATION, OR REMOVAL: Mt. Olivet Cem. PLACE St. Joseph Mo. DATE April 20, 1938

19. FUNERAL DIRECTOR (ADDRESS): H. O. Sidenfaden & Son. 1802 Union St. St. Joseph Mo.

20. FILED 4-18, 1938 H. J. Nestlebush Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 5, 1938 to April 18, 1938

Last saw him alive on April 18, 1938. Death is said to have occurred on the date stated above, at 7: A. m.

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

	Date of onset
Coronary occlusion	Apr 8-38
94 Po-	

Other contributory causes of importance:

Arterio sclerosis general [illegible]

Name of operation ..... Date of .....

What test confirmed diagnosis [illegible] Was there an autopsy? no

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 .....

(Signed) John J. Byrne, M. D.

85 (Address) St. Joseph Mo

(Licensed Embalmer's Statement on Reverse Side)

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

I X12004

STATEMENT BY LICENSED EMBALMER

I, Elbert R. Harrington, Licensed Embalmer No. 3258

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

—— L. E. ——

No. —— or by ——, Registered Apprentice No. ——

working under my personal supervision.

Signed Elbert R. Harrington

Licensed Embalmer No. 3258

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.)