

REC'D MAY 10 1938

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

13054

Do not use this space.

## 1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
(b) Township ..... Primary Registration District No. **1003**  
(c) City St. Louis (d) Street No. St. Anthony's Hospital Registered No. **3658**  
(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 Otto Schwerdtfeger **631**  
(a) Residence, No. 8149 Gravois Ave. St. **NR GARDENVILLE, Mo.**  
(Usual place of abode, if no street address, write county or city) (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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Anna Schwerdtfeger (OR) WIFE OF Anna Schwerdtfeger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 14, 1875

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
63 1 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpenter  
9. Industry or business in which work was done, as saw mill, bank, etc. & Builder  
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

FATHER 13. NAME Unknown Schwerdtfeger

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Otto Schwerdtfeger Jr. (ADDRESS) 8149 Gravois Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus DATE 4-21, 1938

19. FUNERAL DIRECTOR (NAME) Kriegshauser Mortuaries (ADDRESS) 4228 So. Kingshighway

20. FILED APR 10 1938 J. P. Beebeek Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-18, 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-17, 1938, to 4-18, 1938

I last saw him alive on 4-18, 1938. Death is said

to have occurred on the date stated above, at 7 P.M.

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

Cerebral Hemorrhage Date of onset 4-16-38

Other contributory causes of importance:

Pulmonary edema 4-17-38  
Auricular Fibrillation 4-17-38

Name of operation None Date of.....

What test confirmed diagnosis?..... Was there an autopsy? Yes

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? Yes

If so, specify Victor L. Gould, M. D.

(Signed) Victor L. Gould, M. D.

(Address) 2811 Watson

10<sup>30</sup> No 12

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed

*Edwin A. McDermott*

Licensed Embalmer No. ....

*3024*

P. O. Address .....

**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.)**

**If this body is not embalmed, above space should be left blank.**