

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

16299
 Do not use this space.

REC'D JUN 9 1938

791
 1003

1. PLACE OF DEATH

(a) County..... Registration District No.....

(b) Township..... Primary Registration District No.....

(c) City..... Saint Louis, Missouri (d) Street No. 918a Wyoming Street/ St.

(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 Anton Schwamle. 540

(a) Residence, No. 918a Wyoming Street. St. 24 (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 (OR) WIFE OF Elizabeth Schwamle.			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 14th, 1880.			
7. AGE	YEARS	MONTHS	DAYS
58		1	19
If LESS than 1 day,hrs. ormin.			
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.		
	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) Missouri			
FATHER	13. NAME Michael Schwande		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany		
MOTHER	15. MAIDEN NAME Margaret Denninger		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany		
17. INFORMANT Elizabeth Schwamle (ADDRESS) 918a Wyoming Street.			
18. BURIAL, CREMATION, OR REMOVAL PLACE Bethania Cemetery DATE May 6th, 1938.			
19. FUNERAL DIRECTOR J. J. Bredock (ADDRESS) 2823 Cherokee Street.			
20. FILED J. J. Bredock Local Registrar.			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3rd, 1938.

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1936, to May 3, 1938. I last saw him alive on May 3, 1938. Death is said to have occurred on the date stated above, at 8:00 P.M.

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

myocarditis, chronic

coronary atherosclerosis of sinus

Other contributory causes of importance:

Name of operation..... 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.....
 (Signed) *Dr. Joseph E. Hill*, M. D.
 (Address) *3636 Schubert*

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.

STATEMENT BY LICENSED EMBALMER

I, D. M. Davis, Licensed Embalmer No. 3741

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

.....L. E.

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

Signed D. M. Davis,
Licensed Embalmer No. 3741

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.)