

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

332  
 Do not use this space.

REC'D FEB 10 1939

**1. PLACE OF DEATH**

(a) County..... 2 Registration District No..... 791  
 (b) Township..... Primary Registration District No..... 1003  
 (c) City St. Louis (d) Street No. 3809 Connecticut 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** Dr. Otto J. Schwer

(a) Residence, No. 3809 Connecticut St. St. 16  
 (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 (OR) WIFE OF **Katie Schwer**  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 21, 1870  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
68 5 18

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Physician**  
 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) **Germany**

FATHER 13. NAME **Unknown** 6

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown** 9

MOTHER 15. MAIDEN NAME **Unknown** 9

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown** 9

17. INFORMANT **Katie Schwer** (ADDRESS) **3809 Connecticut**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Mo. Crematory** DATE **Jan. 12, 1939**

19. FUNERAL DIRECTOR (NAME) **Wacker-Helderle** (ADDRESS) **2331 So. Broadway**

20. FILED **JAN 10 1939** **J. D. Brudack** Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 9, 1939  
 22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1938 to Jan 9, 1939  
 I last saw him alive on Jan 8, 1939 Death is said to have occurred on the date stated above, at 12:20 p.m.  
 The principal cause of death and related causes of importance were as follows:

Date of onset **1920**  
**Myocarditis**  
**Diabetes Mellitus** 1937  
 Other contributory causes of importance:

Name of operation **none** Date of **no**  
 What test confirmed diagnosis? **clinical** 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) **J. D. Brudack** M. D.  
 (Address) **4500 Olive St**

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

*Frank J. Aylard Sr.*

or by

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

Signed

*Frank J. Aylard Sr.*

Licensed Embalmer No.

*2645*

P. O. Address

*St Louis Mo.*

**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.**