

REC'D FEB 10 1939

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

674

Do not use this space.

791  
1008

Registered No. 674

## 1. PLACE OF DEATH

(a) County ..... Registration District No. ....  
(b) Township ..... Primary Registration District No. ....  
(c) City St. Louis or ..... (d) Street No. City Hospital No. 1 ..... 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

D. 12831 60-2 Henry Schwer  
(a) Residence, No. 6616 a Colorado  (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) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 11, 1898

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
40 2 9

OCCUPATION  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer  
9. Industry or business in which work was done, as saw mill, bank, etc. laborer  
10. Date deceased last worked at this occupation (month and year) ..... Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER  
13. NAME Joseph Schwer

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

MOTHER  
15. MAIDEN NAME Anna Weineker

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

17. INFORMANT Hosp. Info M. Kent  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Odd Fellows Cem. DATE Jan. 23 39

19. FUNERAL DIRECTOR (NAME) C. Hofmeister U. & L. Co.  
(ADDRESS) 7814 S. Broadway

20. FILED JAN 23 1939 J. F. Brubaker  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/20/39 19 .....

22. I HEREBY CERTIFY, That I attended deceased from 12/2/38 19..... to 1/20/39 19.....

I last saw him alive on 2/20/39 19..... Death is said

to have occurred on the date stated above, at 6 8.....m.

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

Carcinoma of Bladder, Urinary  
metastasis to Peritoneum  
hypertension  
Date of onset

Other contributory causes of importance:

Bilateral Hydronephrosis

Name of operation Cystotomy Date of 12-14-38

What test confirmed diagnosis? ..... Was there an autopsy? 47

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?.....

If so, specify.....

(Signed) L. J. Kuehly M.D. M. D.

(Address) City Hospital No. 1

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

Signed

*L. C. Hoffmeister*

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

**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.**