

MAR 13 1939

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

4768
Do not use this space.

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City..... St. Louis
(d) Street No. 1522 Agnes 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 *100* Frank Schwab

(a) Residence, No. 1522 Agnes St. St. *26*
(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 Mathilda

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 16 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 8 2 27

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

12. BIRTHPLACE (CITY OR TOWN) Belleville Ill.
(STATE OR COUNTRY)

FATHER
13. NAME Joseph Schwab

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

MOTHER
15. MAIDEN NAME Caroline Agne

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

17. INFORMANT Mrs. Mathilda Schwab
(ADDRESS) 1522 Agnes St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Crematory. DATE Feb 15 1939

19. FUNERAL DIRECTOR (NAME) *Boyer & Sons*
(ADDRESS) 1936 St. Louis Ave.

20. FILED FEB 15 1939 J. D. Bickel Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 13 1939

22. I HEREBY CERTIFY, That I attended deceased from May 29 1938, to Feb. 13 1939.
I last saw him alive on Feb. 13 1939. Death is said to have occurred on the date stated above, at 4:30 p.m.

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

Diabetes mellitus

Date of onset

not known

Other contributory causes of importance:

acute Pericarditis

Feb 6 39

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

What test confirmed diagnosis?..... 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) *George Mueller*, M. D.

(Address) 1502 St. Louis

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,

or by Lorow Percy

Registered Apprentice No. 141, working under my personal supervision.

Signed [Signature]

Licensed Embalmer No. 3737

P. O. Address 1926 N. Louis

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.