

330 JUL 12 1939

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

Do not use this space.

20589

791  
1003

1. PLACE OF DEATH

County ..... Registration District No. ....  
Township ..... Primary Registration District No. ....  
City: ST. LOUIS (No. St. Louis City Hospital #1) Registered No. 5433  
St. .... Ward)

2. FULL NAME

IRMA SCHWAAB  
(a) Residence, No. 5443 Magnolia St. 13 Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred 16 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>11-3-1903</u>		
7. AGE	YEARS	MONTHS
	<u>35</u>	<u>7</u>
		DAYS
		<u>14</u>
		IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Maid</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Private Residence</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Jan 1939</u>	11. Total time (years) spent in this occupation <u>12</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dakville Mo</u>		
FATHER	13. NAME <u>William J. Schwaab</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dakville Mo</u>	
MOTHER	15. MAIDEN NAME <u>Anna Koch</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kahumbea Ill</u>	
17. INFORMANT (ADDRESS) <u>Blonde Schwaab Bellvue Ill.</u>		
18. BURIAL, CREMATION OR REMOVAL PLACE <u>Bellvue Ill</u> DATE <u>6-19-1939</u>		
19. UNDERTAKER (ADDRESS) <u>Peter Gardner Bellvue Ill.</u>		
20. FILE <u>JUN 19 1939</u> <u>J. P. Bickel</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17- 1939

22. I HEREBY CERTIFY that I attended deceased from June 4 1939, to June 17- 1939

I last saw him alive on June 10- 1939. Death is said to have occurred on the date stated above, at 9:45 a.m.

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

Cerebral hemorrhage  
Essential hypertension

Date of onset

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?  
If so, specify .....

(Signed) A. J. W... M. D.  
(Address) ...

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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**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

*William G. Bushby*

Licensed Embalmer No.

*3110*

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.**