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V. S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

13329

State File No.

FILED MAY 2 1944

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3778

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

OC 17 9

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 0 City 4

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2801 Wisconsin Av. 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME HENRY SCHWAB

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male 0

5. Color or race white

6. (a) Single, widowed, married, divorced widower

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Aug. 9 1864
(Month) (Day) (Year)

8. AGE: Years 79 Months 7 Days 15 If less than one day hr. min.

9. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Beer Bottler Retired

11. Industry or business

FATHER
12. Name John Schwab
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Ruppert
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Rudolph Schwab
(b) Address 2339 Menard St.

17. (a) Burial (b) Date thereof 4-24-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation S.S. Peter & Paul Cem.

18. (a) Signature of funeral director Witt Bro. L & Gle.
(b) Address 2929 S. Jefferson Av.

19. (a) APR 24 1944 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22nd
year 1944 hour 1:15 minute A. M.

21. I hereby certify that I attended the deceased from April 14th, 1944 to April 22nd, 1944
that I last saw him alive on April 22nd, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of gall bladder

Due to

Due to

Other conditions Metastasis to liver
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Same

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Frank Steinberg (M. D. or other) 0

Address 1515 Lafayette Date signed 4/22/44

(Licensed Embalmer's Statement on Reverse Side)

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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2929 S. Jefferson ave.

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, fact should be so stated above.