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

Do not use this space.

32319

1. PLACE OF DEATH

County ..... Registration District No. 781

Township ..... Primary Registration District No. 4466

City Ste. Genevieve (No. ..... St. ..... Ward)

File No. .....

Registered No. 66

2. FULL NAME Joseph Schwent

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

OCT 26 1931

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	white	widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1 1844

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	87	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 1924

11. Total time (years) spent in this occupation .....

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

FATHER

13. NAME Joseph Schwent

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

MOTHER

15. MAIDEN NAME Magdelena Jokisch

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

17. INFORMANT (ADDRESS) John W. Schwent Ste. Genevieve Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Wenger Mo DATE 9-17 1931

19. UNDERTAKER (ADDRESS) Chas Bader Ste. Genevieve Mo

20. FILED Sept 15 1931 T. W. Douglas Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 15 1931

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to....., 19.....

I last saw h— alive on —, 19—. Death is said to have occurred on the date stated above, at 3 A m.

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

	Date of onset
Acute cardiac dilatation	
97 Arteriosclerosis	
95B	

Other contributory causes of importance:

97

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? ✓

If so, specify .....

(Signed) Leo C Bader Coroner, M. D.

(Address) Ste. Genevieve Mo