

PLACE OF DEATH

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

County _____

Township _____

or

Village _____

or

City St. LouisRegistration District No. 70File No. 24586Primary Registration District No. 100Registered No. 6431(NO. 2516 Bacon Street St. 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME John G. Schaedler

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Married
(If rite the word)DATE OF BIRTH November 27, 1863
(Month) (Day) (Year)AGE 49 yrs. 7 mos. 16 ds. If LESS than 1 day, ___ hrs. or ___ min.?OCCUPATION
(a) Trade, profession, or particular kind of work Butcher of
(b) General nature of industry, business, or establishment in which employed (or employer) 515BIRTHPLACE
(City or town, State or foreign country) St. Louis Mo.PARENTS
NAME OF FATHER George Schaedler
BIRTHPLACE OF FATHER Germany
(City or town, State or foreign country)
MAIDEN NAME OF MOTHER Elizabeth Attel
BIRTHPLACE OF MOTHER Germany
(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Louis Moshner
(ADDRESS) 2516 BaconFiled III 74 1913A. G. Brodsky
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 13, 1913
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from

, 191, to , 191,

that I last saw him alive on June 13, 1913
and that death occurred, on the date stated above, at St. Louis, Mo.The CAUSE OF DEATH* was as follows:
Asphyxiated by Gas
11th Illinois
164th Brigade
(Duration) ___ yrs. ___ mos. ___ ds.Contributory
(SECONDARY)
(Duration) ___ yrs. ___ mos. ___ ds.(Signed) F. P. Furlong M.D.
714 1913 (Address) Deputy Coroner

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted if not at place of death?

Former or usual residence 2516 Bacon StPLACE OF BURIAL OR REMOVAL Zion Cemetery DATE OF BURIAL July 15, 1913UNDERTAKER Hyalewel ADDRESS 2002 Wash St

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.

