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

Do not use this space.

3475

1. PLACE OF DEATH
County St. Louis — Registration District No. 791
Township — Primary Registration District No. 1003
City Missouri (No. 1626 N. Broadway St. Ward)
File No.
Registered No. 1113

2. FULL NAME Henry Schallenberg
(a) Residence. No. 1626 N. Broadway St. 25 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Lucy Davis

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 18-1867

7. AGE: Years 59 | Months 3 | Days 13 | If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): New Orleans
(STATE OR COUNTRY): La.

PARENTS
10. NAME OF FATHER: Rudolph Schallenberg
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: Lucy Schallenberg
(Address): 1626 N. Broadway

15. FILED JAN 31 1927 19 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan. 31 — 1927

17. I HEREBY CERTIFY, That I attended deceased from Jan. 20, 1927, to Jan. 30, 1927, that I last saw him alive on Jan. 30 —, 1927, and that death occurred, on the date stated above, at 2 am. p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
15B
107A Broncho - Pneumonia
(duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY): Erysipelas Non
Traumatic Cause unknown (duration) yrs. mos. 6 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 1B
DID AN OPERATION PRECEDE DEATH? N DATE OF —
WAS THERE AN AUTOPSY? N
WHAT TEST CONFIRMED DIAGNOSIS? —
(Signed) G. R. Pennington, M. D.
, 19 (Address) 1317 Madison

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Valhalla, Cem. | DATE OF BURIAL: Feb. 2 1927

20. UNDERTAKER: Bauer & Hoehn | ADDRESS: Alton Ill

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.

1319 [illegible]
Between 3 & 4 [illegible]