

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

Do not use this space.

61135

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis Mo.** (No. **3725**, **Marine Ave.**)

File No. ....

Registered No. **1191**

St. .... Ward)

**2. FULL NAME** **Frederick Schlayer**

(a) Residence. No. **3725 Marine Ave.** St. **24** 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**

**Male**

**4. COLOR OR RACE**

**White**

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

**Married**

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

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

**Oct. 10 - 1854**

**7. AGE**

YEARS

MONTHS

DAY

IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

**74**

**3**

**21**

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

**Fireman**

(b) General nature of industry, business, or establishment in which employed (or employer)

**Tom Buckner**

(c) Name of employer

**Factory**

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY)

**St. Louis Mo.**

**10. NAME OF FATHER**

**John Schlayer**

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

**St. Louis Mo.**

**12. MAIDEN NAME OF MOTHER**

**Unknown**

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

**14.**

INFORMANT

(Address)

**Mary Schlayer  
3725 Marine Ave.**

**15.**

FILED

**FEB - 2 1927**

**Max B. Starckoff**

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

**Feb. 1 - 1927**

**17.** I HEREBY CERTIFY, That I attended deceased from **January 15 - 1927**, to **February 1st**, 1927 that I last saw him alive on **January 31st**, 1927, and that death occurred, on the date stated above, at **3:10 a. m.**

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

**Chronic Interstitial Nephritis**

**CONTRIBUTORY (SECONDARY)**

**12900** (duration) **1** yrs. **6** mos. - ds.

(duration) **1** yrs. - mos. - ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? **No.** DATE OF.....

WAS THERE AN AUTOPSY? **No.**

WHAT TEST CONFIRMED DIAGNOSIS? **Urinalysis**

(Signed) **Albert B. Starckoff**, M. D.

**2/1**, 1927 (Address) **3548 S. Grand Bl.**

\*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**

DATE OF BURIAL

**S. S. Peter + Paul**

**Feb 3 1927**

**20. UNDERTAKER**

ADDRESS

**Ziegenheim Bros. 2623 Cherokee**

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.

