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.

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

Do not use this space.

19861

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. St Louis Baptist Hos St. ..... Ward)

File No. 5616

Registered No. .....

2. FULL NAME George Schreffer

(a) Residence. No. 2204 St Louis St., 20 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): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED: HUSBAND OF (OR) WIFE OF the late Carolin Schreffer

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 10 - 1857

7. AGE: YEARS 69 | MONTHS 8 | DAYS 5 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

PARENTS

10. NAME OF FATHER: Dont Know
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): " "
12. MAIDEN NAME OF MOTHER: " "
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): " "

14. INFORMANT: John Schreffer
(Address) 2204 St Louis Ave

15. FILED JUN 17 1927 Max C Starkoff REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 15 - 1927

17. I HEREBY CERTIFY, That I attended deceased from 12 of June, 1927, to 15th of June, 1927, that I last saw him alive on June 15, 1927, and that death occurred, on the date stated above, at 8.15 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Surgical Schock

137

(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (SECONDARY): Prostatectomy Operation for enlarged Prostate (duration) ..... yrs. ..... mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED? Non Malignant

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? yes DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) August Kleyhamp, M. D

, 19 (Address) 2313 University Street

*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: St Louis Cemetery Oliver Lark Rd

DATE OF BURIAL: June 18 - 1927

20. UNDERTAKER: Hy Lindner Und Co

ADDRESS: 1417 N Market St

2313 University St.