

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

Do not use this space.

28137

1. PLACE OF DEATH

County... *St. Charles*

Registration District No. *757*

Township.....

Primary Registration District No. *3036*

City... *St. Charles* (No. *1108*

Olive

File No.

Registered No. *141*

St. Ward)

2. FULL NAME *George Schuster Jr.*

(a) Residence. No. *1108 Olive*

(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)

Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Aug 18 - 1924*

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<i>3</i>	<i>0</i>	<i>28</i>	

8. OCCUPATION OF DECEASED

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

None

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

(c) Name of employer.....

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

St. Charles Mo

10. NAME OF FATHER

George Schuster

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

Ill. Ill.

12. MAIDEN NAME OF MOTHER

Ada Blaus

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

Ill. Mo.

14.

INFORMANT *x Mrs. Schuster*
(Address) *1108 Olive St.*

15.

FILED *9-17-27* *Otto Beckenauer*
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Sept 14 1927*

17. I HEREBY CERTIFY, That I attended deceased from *Sept 5* 1927 to *Sept 16* 1927, that I last saw him alive on *Sept 16* 1927, and that death occurred, on the date stated above, at *5:30 P.M.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Scarlet fever
..... (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) *mumps*
..... (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

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

20. WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) *I. K. Hardin*, M. D.

Sept 17, 1927 (Address) *St. Charles, Mo.*

*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**

Oak Grove Cemetery *Sept 18 1927*

20. UNDERTAKER **ADDRESS**

H. Dalmeyer & Sons Co *800 N. Olive St.*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. 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.

