

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

Do not use this space.

28602

1. PLACE OF DEATH

County..... Registration District No. **791**
1003
 Township..... Primary Registration District No.....
 City *St. Louis Mo.* (No. *1816 Hogan St.*) St. Ward.....

File No.....
 Registered No. **8135**
 St. Ward.....

2. FULL NAME

(a) Residence, No. *1816 Hogan* St., *21* 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) *Single*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Aug 14th 1900*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<i>27</i>	<i>—</i>	<i>29</i>	

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

9. BIRTHPLACE (CITY OR TOWN) *St. Louis Mo.*
 (STATE OR COUNTRY)

10. NAME OF FATHER *Rudolph Schultz*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *St. Louis Mo.*
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER *Augusta Burrichter*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *St. Louis Mo.*
 (STATE OR COUNTRY)

14. INFORMANT *Rudolph Schultz*
 (Address) *1816 Hogan St.*

15. FILED **SEP 13 1927** *Max C. Stanley*
 19... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Sept 12th 1927*

17. I HEREBY CERTIFY That I attended deceased from *Sept 10th 1927* to *Sept 12th 1927* that I last saw him alive on *Sept 12th 1927*, and that death occurred, on the date stated above, at *1:30 P.M.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:
decomposition of Bone Dr. Fall.

Fall to street (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) *Epilepsy*
Accidental (duration) yrs. mos. ds.

18. WHERE WAS DISEASE ~~ACQUIRED~~

IF NOT AT PLACE OF DEATH.....

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

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) *E. J. Stuegel* M. D.
 9/12, 1927 (Address) *1901 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 *Calvary* DATE OF BURIAL *Sept. 15th 1927*

20. UNDERTAKER *Aug. Brockland & Co.* ADDRESS *1421 N. 9th*

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.

DECEASED

