

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

Do not use this space.

32244

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis Mo.** (No. **Good Samaritan Altenheim** St. Ward)

File No.
 Registered No. **9654**

2. FULL NAME

Fred W. Schas
 (a) Residence. No. **1217 St. Jefferson Ave.** 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Widowed**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **July 10 - 1839**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
88 3 16

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Stone Mason**
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

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

10. NAME OF FATHER **Anton Schas**

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

12. MAIDEN NAME OF MOTHER **Don't know**

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

14. INFORMANT **Fred Schas**
 (Address) **1624 Helen St.**

15. FILED **OCT 28 1927**
 Registrar **Mar. B. Starkoff**

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Oct 26 1927**

17. I HEREBY CERTIFY, That I attended deceased from **Sept 8**, 19**27**, to **Oct 26**, 19**27**
 that I last saw him alive on **Oct 25**, 19**27**, and that death occurred, on the date stated above, at **2:15 A** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
108 Rt upper lobe
133A
135B (duration) yrs. mos. **7** da.

CONTRIBUTORY **chr pyelitis + cystitis**
 (SECONDARY) (duration) ? yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH

0 **10/11/27** **US** DATE OF
 DID AN OPERATION PRECEDE DEATH? **no**
 WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS **Laboratory**
 (Signed) **FC Besehruegge**, M. D.
10-26, 1927 (Address) **3945 N 11 St**

*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 Johns North** DATE OF BURIAL **Oct 28 1927**

20. UNDERTAKER **Hy Leidner Und Co** ADDRESS **1417 N. Market St.**

K. 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.

RECORD OF DEATHS IN MISSOURI

