

FEB 20 1928

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

Do not use this space.

690

1. PLACE OF DEATH

County Franklin Registration District No. 297
Township Washington Primary Registration District No. 2016
City Washington (No.) St. Ward)

File No.
Registered No. 4

2. FULL NAME Herman Lucas Schade

(a) Residence. No. 320 West 5th Street St. Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 0 mos. 0 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 Johannah Keplersmann
~~XXXXXXXX~~

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 5 - 1850

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>78</u>	<u>1</u>	<u>5</u>	

8. OCCUPATION OF DECEASED Retired Farmer

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

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

PARENTS

10. NAME OF FATHER Charles Schade

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

12. MAIDEN NAME OF MOTHER Not Known

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

14. INFORMANT Anna Kuruzel Schade
(Address) 324 West 5th Washington

15. Jan 11 1928 O. L. Munch
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 10 19 28

17. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1928, to Jan 10, 1928
that I last saw him alive on Jan 8, 1928, and that death occurred, on the date stated above, at 3:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Bacteremia
106A 99
(duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) from
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH, At place of death

DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? No
(Signed) J. D. Manjeur, M. D.
Jan 11 1927 (Address) Washington 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 Catholic Cemetery Augusta DATE OF BURIAL 1/13/28 19

20. UNDERTAKER St Charles Co Mo ADDRESS Otto & Co by Geo H Otto. Washington Mo

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.

