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.

MAR 16 1928

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

Do not use this space.

4050

85

1001

1. PLACE OF DEATH

County Buchannan — Registration District No. — File No.

Township — Primary Registration District No. — Registered No. 144

City St. Joseph; (No. 2003 South 8th Street. St. Ward)

2. FULL NAME Joseph Scheinert.

(a) Residence. No. 2003 South 8th 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 1 yrs. mos. ds. How long in U.S., if of foreign birth? 73 yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 25, 1853.

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|---|
| | 74 | 8 | 8 | |

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer Charles Willis. Wallace Mo

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

PARENTS

10. NAME OF FATHER Joseph Scheinert.

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

12. MAIDEN NAME OF MOTHER Unknown.

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

14. INFORMANT George Scheinert.
(Address) 2003 South 8th St.

15. FILED FEB 3, 1928 John G. Utz REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 3, 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan. 29, 1928, to Feb-3, 1928 that I last saw him alive on Feb-2, 1928, and that death occurred, on the date stated above, at 1:50A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia.

108 194B / 01 A

(duration) yrs. mos. 12 ds.

CONTRIBUTORY (SECONDARY) Exposure.

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? ✓

0 DID AN OPERATION PRECEDE DEATH? No. DATE OF —

WAS THERE AN AUTOPSY? No -

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) F. K. Westfall, M. D

1/3, 1928 (Address) 500 1/2 Kirk Hill Ave.

*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 |
|---|---|
| Mount Auburn Cemetery. | Feb 4 1928 |
| 20. UNDERTAKER H. O. Sidenfaden | ADDRESS 1802 Union St. |