

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

Do not use this space.

10709

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis Mo. (No. 2234 Sullivan Ave.) St. _____ Ward _____

File No. _____
 Registered No. 2520

2. FULL NAME

Walter H. Schlef
 (a) Residence. No. 2234 Sullivan Ave. 20 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 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) March 24-1900

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
27 11 10

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Unwid
 (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 Henry Schlef

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

12. MAIDEN NAME OF MOTHER Mary Feuchter

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

14. INFORMANT Mary Schlef
 (Address) 2234 Sullivan Ave.

15. FILED 7-6-1928 Wm. Starosoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 4 1928

17. I HEREBY CERTIFY That I attended deceased from March 14, 1928, to March 4, 1928 that I last saw h. alive on March 10, 1928, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Robert Pneumonia
IIA
 (duration) _____ yrs. _____ mos. 3 ds.
 CONTRIBUTORY to same
 (SECONDARY) (duration) _____ yrs. _____ mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____
 9 DID AN OPERATION PRECEDE DEATH _____ DATE OF _____
 WAS THERE AN AUTOPSY _____
 WHAT TEST CONFIRMED DIAGNOSIS 6
 (Signed) Arthur Endler M.D.
315, 19 16 (Address) 2234 Sullivan 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 Memorial Park DATE OF BURIAL Mar 7 1928

20. UNDERTAKER W. J. Leidner and Co. St. Market St. ADDRESS 1417

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.

THIS IS A PERMANENT RECORD

2.