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.

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

Do not use this space.
15304
15037
4236

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. .....

City St Louis (No. St Louis Children's Hospital St. ..... Ward)

2. FULL NAME Carl Schrick

(a) Residence. No. 4280a Holly St., 10 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred -lfx 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): —

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 11-11-19

7. AGE: Years 8 | Months 5 | Days 6 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(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): St Louis
(STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: Carl Schrick
11. BIRTHPLACE OF FATHER (CITY OR TOWN): St Louis
(STATE OR COUNTRY): Missouri
12. MAIDEN NAME OF MOTHER: Clara Gublin
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): St Louis
(STATE OR COUNTRY): Missouri

14. INFORMANT: L. Koelting
(Address): 500 S. Kingshighway

15. FILED APR 18 1923, 19..... Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 4-17 1928

17. I HEREBY CERTIFY, That I attended deceased from 4-16, 1928 to 4-17, 1928 that I last saw him alive on 4-16, 1928, and that death occurred, on the date stated above, at 6:25 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Scarlet Fever —
8
79 ft (duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (SECONDARY): Meningitis (Staptococcus?) (Non tuberculous) (duration) ..... yrs. ..... mos. 8 ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Phys Ex & Lab.

4/17/28 (Signed) Russell C. Bond M. D.
(Address) St L. Children's Hosp.

*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: Friedans
DATE OF BURIAL: April 20 1928

20. UNDERTAKER: A Krow Lott Co 2707 N Grand Bl
ADDRESS