

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **100**

City **St. Louis, Mo.** (No. **300 South 14th St.**)

File No. **18570**

Registered No. **4933**

St. Ward

2. FULL NAME

Frederick X Schuler

(a) Residence, No. **300 South 14th St.** St. **22** 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)

Married

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

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

Jan. 25 - 1885

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
43	3	9	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Merchant**

(b) General nature of industry, business, or establishment in which employed (or employer) **For himself - Restaurant**

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN; (STATE OR COUNTRY)

St. Louis, Mo.

10. NAME OF FATHER

Joseph L. Schuler

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

Switzerland

12. MAIDEN NAME OF MOTHER

Not known

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

Not known

14. INFORMANT

Anton Schuler
(Address) **300 So. 14th St.**

15. FILED

MAY - 6 1928
W. C. Standen
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

May 4 - 1928

17. I HEREBY CERTIFY, That I attended deceased from July 14th, 1927, to May 4th, 1928 that I last saw him alive on May 3rd, 1928, and that death occurred, on the date stated above, at 7:15 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Intestinal Hepatitis
131
15
(duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY)

12900
(duration) yrs. mos. da.

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? **Ordinan Test**
57 (Signed) **Alphonse N. Mahon**, M. D.
15, 1928 (Address) **2201 North Club Bldg.**

*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

Sunset Burial Pk. May 7 - 1928

20. UNDERTAKER

ADDRESS

Zingonheim Bros. 2623 Cherokee St.

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.

