

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

Do not use this space.

19176

**1. PLACE OF DEATH**

County.....

Registration District No.....

**791**

Township.....

Primary Registration District No.....

**1003**

City St. Louis,

(No. St. Anthony Hospital.)

File No. ....

Registered No. ....

**5601**

St. .... Ward)

**2. FULL NAME**

Peter Schlievey.

(a) Residence. No. 3622 Louisiana Avenue, 16 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, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**

Apolonia Schlievey

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** May 8, 1854.

**7. AGE**

YEARS

MONTHS

DAYS

74

--

14

If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Locomotive Engineer

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

(c) Name of employer Manufacturer's R.R.

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY)

Poland

**10. NAME OF FATHER**

Christ Schlievey

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Poland

**12. MAIDEN NAME OF MOTHER**

Magdalena Pokornik

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Poland

**14.**

INFORMANT  
(Address)

Miss Lena Schlievey  
3622 Louisiana Avenue.

**15.**

FILED

MAY 23 1928

Wm. C. Stanley

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

5-22-28

**17.**

I HEREBY CERTIFY That I attended deceased from 15....., 1928, to 5....., 1928, that I last saw him alive on 5....., 1928, and that death occurred, on the date stated above, at 10..... m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Chronic Endocarditis

**CONTRIBUTOR (SECONDARY)**

**WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH?

Don't Know

DID AN OPERATION PRECEDE DEATH?

DATE OF.....

WAS THERE AN AUTOPSY?

No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

Wm. C. Stanley  
Physician

, 19 (Address) 166 Linden

\*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**

De Soto, Mo.,

**DATE OF BURIAL**

May 25 19 28

**20. UNDERTAKER**

Wm. C. Stanley

**ADDRESS**

2842 Verano

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.

