

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

Do not use this space.

21922

1. PLACE OF DEATH

County St. Louis

Registration District No. 791

Township St. Louis

Primary Registration District No. 1003

City St. Louis

No. 4352 Beck Ave

File No. 6050

Registered No. 6050

St. St. Louis

Ward 15

2. FULL NAME

Ralph E. Schuster

(a) Residence. No. 4352 Beck Ave

(Usual place of abode)

St. 15

Ward 15

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

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single

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

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

Aug. 11, 1928

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, — hrs. or — min.

—

10

3

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)

(STATE OR COUNTRY)

St. Louis

Mo

10. NAME OF FATHER

Theodore Schuster

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

St. Louis

Mo

12. MAIDEN NAME OF MOTHER

Hilda Schuster

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ill

14.

INFORMANT

(Address)

Theodore Schuster

4352 Beck Ave

15.

FILED

— 5 1928

Ralph E. Stanley

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

June 4 1928

17.

I HEREBY CERTIFY, That I attended deceased from June 1st, 1928, to June 4th, 1928, that I last saw him alive on June 4th, 1928, and that death occurred, on the date stated above, at 9:27 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Capillary Bronchitis

CONTRIBUTORY (SECONDARY)

(duration) — yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH

DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Frank E. Chase, M.D.

June 5, 1928 (Address) 4315th Manchester

*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

Bethany Cemetery

6-7 1928

20. UNDERTAKER

ADDRESS

Grechauer & Co

Manchester

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.

