

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

Do not use this space.

22332

1. PLACE OF DEATH

County.....

Registration District No.

Township.....

Primary Registration District No.

City St. Louis

(No. Bethesda Hospital)

File No.

Registered No.

6518

St. Ward)

2. FULL NAME Calvin Lee Schacher

(a) Residence. No. 6743 Schofield Ave., St. 17 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) June 13, 1928

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 6

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Child

(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) Missouri

10. NAME OF FATHER Roland Schacher

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

12. MAIDEN NAME OF MOTHER Florence Lockett

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis, Mo.
(STATE OR COUNTRY) Missouri

14. INFORMANT Roland Schacher
(Address) 6743 Schofield Ave.

15. FILED 26 1928 W.C. O'Connell
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 19, 1928

17. I HEREBY CERTIFY That I attended deceased from June 13, 1928, to June 18, 1928, and that I last saw him alive on June 18, 1928, and that death occurred, on the date stated above, at St. Louis, Mo.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Coronary Malformation
of heart.
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRAICTED Bethesda Hosp
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Wm. H. H. H. H., M. D.

(Address) 210-72 Little Blk

*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

Verhellen Cem June 20, 1928

20. UNDERTAKER ADDRESS

Geo. L. P. P. 5966

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.

1
2. 1999

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