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

Do not use this space.

File No. 25928
Registered No. 7788

1. PLACE OF DEATH

County ..... Registration District No. 791
Township ..... Primary Registration District No. 1003
City St. Louis, Mo. (No. Baptist Hospital St. ..... Ward)

2. FULL NAME William Henry Schukraft

(a) Residence. No. 3232 Minnesota Avenue St., 24 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	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 23, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	5	2	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Grocery Clerk 51E
(b) General nature of industry, business, or establishment in which employed (or employer) 51E
(c) Name of employer 131

9. BIRTHPLACE (CITY OR TOWN) Quincy,
(STATE OR COUNTRY) Illinois

PARENTS

10. NAME OF FATHER John Schukraft
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Quincy,
(STATE OR COUNTRY) Illinois
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Unknown

14. INFORMANT Minnie Schukraft
(Address) 3232 Minnesota Ave

15. FILED JUL 28 1928, 19 May C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) July 25th, 1928

17. I HEREBY CERTIFY, That I attended deceased from July 19, 1928, to July 25, 1928, that I last saw him alive on July 22, 1928, and that death occurred, on the date stated above at 12:55 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
adenocarcinoma of Prostate
Papillary carcinoma of Bladder Mycone
? (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) chronic interstitial nephritis - 10 yrs
Shock (surgical) (duration) ..... yrs. ..... mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? No 1. July 10. 1928
DID AN OPERATION PRECEDE DEATH? YES DATE OF No 2 July 25. 1928
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Microscopical Exams
(Signed) Emmanuel A. Mikulowski, M. D
, 19 (Address) 633-34 Mo. Theatre 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 Valhalla — DATE OF BURIAL July 30, 19 28.

20. UNDERTAKER Wacker-Heldeck — ADDRESS 3331 S. Broadway

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.

THIS IS A PERMANENT RECORD