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.

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

Do not use this space.

31491

1. PLACE OF DEATH

County STE. GENEVIEVE — Registration District No. 780 — File No.

Township — Primary Registration District No. 4466 — Registered No. 36

City Ste. Genevieve (No. ..... St. ..... Ward)

2. FULL NAME Wenery W. Schaper

(a) Residence. No. ..... St., ... 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: male
4. COLOR OR RACE: w.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 17 1854

7. AGE: 74 YEARS — MONTHS: 7 — DAYS: 11 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Stone Mason
(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): Germany

PARENTS
10. NAME OF FATHER: Louis Schaper
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Fred Kanter
(Address) Ste. Genevieve Mo

15. FILED Sept 29, 1928 T. W. Douglas REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 28 1928

17. I HEREBY CERTIFY, That I attended deceased from 8-20, 1928, to 9-28, 1928, that I last saw him alive on 8-20, 19..., and that death occurred, on the date stated above, at 10 45 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Cystitis
1358
16 133B
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Old age (Senility)
(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) G M Rutledge, M. D
Sept 29, 1928 (Address) Ste Genevieve, Mo

*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~~: City Cemetery Ste. Genevieve Mo — DATE OF BURIAL: Sept 30 1928

20. UNDERTAKER: John Basler Ste. Genevieve Mo — ADDRESS