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

Do not use this space.

38164

File No. 791

Registered No. 1003

1. PLACE OF DEATH

County St Louis

Township

City (No. 1416 Cora Av St. Ward)

Registration District No.

Primary Registration District No.

2. FULL NAME Henry W Schaaf

(a) Residence. No. 1416 Cora St., 11 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: White

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 2-28-1854

7. AGE: Years 74, Months 8, Days 3, If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Cabinet Maker 16 A

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

PARENTS

10. NAME OF FATHER: John Schaaf

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ger —

12. MAIDEN NAME OF MOTHER: Elizabeth Verres

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ger —

14. INFORMANT: Elsie Smith
(Address) 7047 Mitchell

15. FILED 11-2, 1928 Max C Stanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov 1 1928

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19....., that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 10 30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Asphyxiation due to Fuel Gas (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Suicide — (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? 16 A

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) R. S. Vitt, M. D

2/xi, 1928 (Address) Coroner

*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: Bethany

DATE OF BURIAL: Nov 5 1928

20. UNDERTAKER: Drehmann Hornal

ADDRESS: 1905 Union

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Mary Shanahan
3119 Jamine

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OCT 13 1948