

JAN 28 1929

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

Do not use this space.

42403

1. PLACE OF DEATH

County St. Louis
Township St. Bonifacius
City St. Louis

Registration District No. 1123

Primary Registration District No. 8248

File No. _____

Registered No. 442

St. _____ Ward) _____

2. FULL NAME

Robert Schular - M. = Clanchan

(a) Residence. No. 719 - Hoffmeister Ave 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)

Single

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

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

Aug 29 - 1928

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

-

4

-

8. OCCUPATION OF DECEASED

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

nil

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

St. Louis

(STATE OR COUNTRY)

Mo

10. NAME OF FATHER

Robert M. Clanchan

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Farmington

(STATE OR COUNTRY)

Mo

12. MAIDEN NAME OF MOTHER

Mamie Schuler

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Arcadia

(STATE OR COUNTRY)

Mo

14.

INFORMANT

(Address)

Robert M. Clanchan
719 - Hoffmeister Ave

15.

FILED

DEC 30 1928

St. Louis County
L. C. Obrock, M.D., REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17.

I HEREBY CERTIFY, That I attended deceased from 12/26, 1928, to 12/28, 1928 that I last saw him alive on 12/28, 1928 and that death occurred, on the date stated above, at 8:45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia

CONTRIBUTORY (SECONDARY)

10/10

(duration) yrs. mos. ds.

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Wm R. Gurn, M. D.

(Address) 2227 S Bly St. Louis

*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

Arcadia, Mo.

Dec. 31 1928

20. UNDERTAKER

ADDRESS

Wacker-Helderle

2331 S Bly

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.

