

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

Do not use this space.

348

1. PLACE OF DEATH
 County Buchanan Registration District No. 85
 Township St. Joseph Primary Registration District No. 1001
 City St. Joseph (No. 2010 Savannah Ave.)
 File No. _____
 Registered No. 109
 St. _____ Ward _____

2. FULL NAME Charles K. Schlafli
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U.S., if of foreign birth? 50 yrs. mos. ds.
 (If nonresident give city or town and State)

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 Lina Schlafli

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June, 21, 1844

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
84 7 4

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Butcher, retired 10 yrs.
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Bern, Switzerland
 (STATE OR COUNTRY)

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Switzerland
 (STATE OR COUNTRY)

14. INFORMANT Mrs. Frank Moskau Jr.
 (Address) 2010 Savannah Ave.

15. FILED John H. [Signature] REGISTRAR
28 1929

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan, 25, 1929 19

17. I HEREBY CERTIFY, That I attended deceased from Feb. 11, 1923 to Jan 25, 1929
 that I last saw him alive on Jan 25, 1929, and that death occurred, on the date stated above, at 8.40 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
 (duration) 7 yrs. mos. ds.
 CONTRIBUTORY none
 (SECONDARY) (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? no

WHAT TEST CONFIRMED DIAGNOSIS: clinical
 (Signed) Gustav A. [Signature], M. D.

Jan. 26, 1929 (Address) Kirkpatrick 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 Mt. Auburn Cemetery DATE OF BURIAL Jan, 28, 19 29

20. UNDERTAKER Walter Meinhoff ADDRESS 1302 Faraon St.

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

1929
 11
 6
 9
 157
 26
 26
 26

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.

