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

Do not use this space.

9027

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis, Mo (No. 4204 Botanical St. ..... Ward)

File No. ..... Registered No. 2739

2. FULL NAME Julius L. (Scheve) Scheve

(a) Residence. No. 4204 Botanical St. 17 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 Metta Clarke Scheve

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 16 - 1865

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	63	10	12	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Lumber Merchant

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Mascoutah
(STATE OR COUNTRY) Ill.

PARENTS

10. NAME OF FATHER Charles Scheve

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

12. MAIDEN NAME OF MOTHER Elizabeth Pathan

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

14. INFORMANT Metta Clarke Scheve
(Address) 4204 Botanical

15. FILED ....., 19.. Max C. Starkey
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb - 28 - 1929

17. I HEREBY CERTIFY, That I attended deceased from the December 12th, 1928, to February 28th, 1929, that I last saw him alive on February 28th, 1929, and that death occurred, on the date stated above, at 1 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral Insufficiency.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Chronic Interstitial Myocarditis.

Arteriosclerosis. (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) Louis A. Brandenburger, M. D

, 19 (Address) 3922 Cleveland Ave.

*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: Missouri Crematory

DATE OF BURIAL: 3 - 2 - 1929

20. UNDERTAKER: Peetz Bros

ADDRESS: 3029 Laf Ave.

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CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

2 - 3 p.m. Today