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

Do not use this space.

15139

MAY 27 1929

1. PLACE OF DEATH

County Jefferson — Registration District No. 771 — File No.

Township Joachim — Primary Registration District No. 4579 — Registered No. 52

City Festus (No. , St. Ward)

2. FULL NAME Arnold Santschi

(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. 5 mos. ds. How long in U. S., if of foreign birth? 63 yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) |
|---|---|---|
| Male | White | Single |

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) October 18, 1854

| 7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 74 | 5 | 18 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Book keeper
(b) General nature of industry, business, or establishment in which employed (or employer) General Accounting
(c) Name of employer Pevely Dairy Co.

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

PARENTS

10. NAME OF FATHER John Santschi

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

12. MAIDEN NAME OF MOTHER Ann Reedy

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

14. INFORMANT
(Address)

15. FILED 4/7 1929 J. E. Rutledge REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 6 1929

17. I HEREBY CERTIFY, That I attended deceased from Apr 9, 1929, to Apr 6 1929, that I last saw him alive on Apr 6, 1929, and that death occurred, on the date stated above, at 6 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cholelithiasis
12 hs
(duration) 10 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) Perforation into portal vein
(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? Clinical symptoms only

(Signed) Norval W. Jarvis, M. D.

3/6, 1929 (Address) Festus, 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 | DATE OF BURIAL |
|---|---|
| Festus Mo. | April 1929 |
| 20. UNDERTAKER | ADDRESS |
| Quesler & Vineyard | Festus Mo |

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.

[illegible]

[illegible]

[illegible]