

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

Do not use this space.

22818

**1. PLACE OF DEATH**

County.....

Registration District No.....

791

Township.....

Primary Registration District No.....

1003

File No.....

Registered No.....

6229

City, St. Louis, Mo.

(No. 3147 Arsenal Street)

St. ....

Ward)

**2. FULL NAME** Harry Sebastian Schaadt

(a) Residence. No. 3147 Arsenal Street St. 16 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)

Divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 10, 1859

7. AGE

YEARS  
69

MONTHS  
8

DAYS  
28

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

8. OCCUPATION OF DECEASED

(a) Trade, profession, or  
particular kind of work Tool Maker

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Belleville,  
(STATE OR COUNTRY) Illinois

10. NAME OF FATHER John S. Schaadt

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

12. MAIDEN NAME OF MOTHER Anna C. Schaefer

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

14. INFORMANT Catherine Schaadt  
(Address) Belleville, Ill.

15. JUN 10 1929 FILED 19.....  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 8th, 1929

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 4:30 A. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

92%  
Chronic Myocarditis  
(duration) yrs. mos. ds.

CONTRIBUTORY  
(SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

8 IF NOT AT PLACE OF DEATH

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

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) John J. ... M. D.  
678 1929 (Address) 2331 ...

\*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 Belleville, Illinois DATE OF BURIAL June 8, 1929.

20. UNDERTAKER Wacker Helder ADDRESS 2331 ...

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.

88  
2  
10

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