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

Do not use this space.

23370

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. 6855

Township ..... Primary Registration District No. ..... Registered No. .....

City St. Louis (No. 26 S. Taylor Av. St. ..... Ward)

2. FULL NAME Rudolph H. Schaerer

(a) Residence. No. 26 S. Taylor Av. St.; 19 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? 46 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~~ Millie Schaerer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 4, 1866

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	63	1	23	

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

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

PARENTS

10. NAME OF FATHER Solomon Schaerer

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Millie Schaerer
(Address) 26 S. Taylor Av.

15. FILED JUN 28 1929 Max C. Harley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 27 1929

17. I HEREBY CERTIFY, That I attended deceased from June 8, 1929, to June 27, 1929, that I last saw him alive on June 26, 1929, and that death occurred, on the date stated above, at 6:25 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Uremia –

151

1320

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

CONTRIBUTORY (SECONDARY) Chr. interstitial Nephritis

..... (duration) ..... yrs. 3 mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH .....

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

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Maurice A. Frankenthal, M. D.

, 19 (Address) Lister Bld 4500 Olive.

*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
Oak Dale Cemetery	7-1-1929

20. UNDERTAKER Kriegshauser U. C. S. Kingshighway ADDRESS 4228

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

26 9 148

Dr. Frankenthal
Roter Bldg.
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