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.

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

Do not use this space.

42465

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City ST LOUIS (No. ....., ... St. ..... Ward)

File No. .....

Registered No. 12197

2. FULL NAME FERDINAND SCHLAFFER

(a) Residence. No. 4230 N. 11th St., 9 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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 10th 1871

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
58	7	4	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work MACHINIST

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

(c) Name of employer St Louis Stamping Co

9. BIRTHPLACE (CITY OR TOWN) AUSTRIA HUNGARIA
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Ferdinand SCHLAFFER

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

12. MAIDEN NAME OF MOTHER not known

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

14. INFORMANT Elisabeth Schlaffer
(Address) 4230 N 11th St

15. FILED DEC 16 1929, 19 Max C J Gardner
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/14th 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov. 2nd, 1929, to Dec. 14, 1929, that I last saw him alive on December 14, 1929, and that death occurred, on the date stated above, at 6:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Interstitial Nephritis

(duration) ..... yrs. 1 mos. 12 ds.

CONTRIBUTORY (SECONDARY) Cirrhosis L Liver. Endocarditis

Chronic (duration) ..... yrs. 4 mos. 12 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? "Labatory"

(Signed) Alfred Theo Vogler, M. D.

12/15, 1929 (Address) 4244 W. Florissant

*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
Calvary Cemetery	Dec 17th 1929
20. UNDERTAKER	**ADDRESS**
Edward Koch	3516 N 14th