

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

Do not use this space **3497**
~~3194~~
2878
File No. _____
Registered No. **996**
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. **791**
Township _____ Primary Registration District No. **1008**
City **St. Louis** (No. **3191**) **Gravois Ave.**

2. FULL NAME

(a) Residence. No. **3101 Gravois ave. 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 **Single** (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Dec 11, 1912**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
17 1 18

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. **clerk.**
(b) General nature of industry, business, or establishment in which employed (or employer). **Broker's Office**
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) **St. Louis Mo**
(STATE OR COUNTRY)

10. NAME OF FATHER **Fred Schava**

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

12. MAIDEN NAME OF MOTHER **Lulu Schindler**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **St. Louis Mo.**
(STATE OR COUNTRY)

14. INFORMANT **Lulu Schava**
(Address) **3101 Gravois ave.**

15. FILED **31** 19 **Jan 29** **Wm C Starkey** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Jan 29 1930**

17. HEREBY CERTIFY, That I attended deceased from **Jan. 6**, 19**30**, to **January 30**, 19**30** that I last saw him alive on **January 30**, 19**30**, and that death occurred, on the date stated above, at **5:20 a. m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Endocarditis Acute
Lymphadenitis Chr. Nephritis (duration) _____ yrs. mos. ds.
Cholelithiasis Acute (duration) **1** yrs. **5** mos. ds.
Chronic tubular & glomerular

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH **at place of death**
DID AN OPERATION PRECEDE DEATH? **no** DATE OF _____
WAS THERE AN ALTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS **Clinical & laboratory**
Wm A. Sulek M. D.
(Address) **2900 California**

*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 **S. L. Peter & Paul** DATE OF BURIAL **Feb 1 1930**

20. UNDERTAKER **Thos. Kertes** ADDRESS **2986 Gravois**

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

