

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

Do not use this space.

7230

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No. 791
Primary Registration District No. 1003
(No. 2223 Warren Street)

File No.
Registered No. 2106
St. Ward)

2. FULL NAME Oscar Scheitlin

(a) Residence. No. 2223 Warren Street St. 210 Ward. (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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 6th, 1873

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	56	10	20	

8. OCCUPATION OF DECEASED Street City Inspector
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer City of St. Louis

9. BIRTHPLACE (CITY OR TOWN) Mascoutah, Ill.
(STATE OR COUNTRY)

10. NAME OF FATHER William Scheitlin

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

12. MAIDEN NAME OF MOTHER Margaret Appel

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

14. INFORMANT Wilhemine Scheitlin
(Address) 2223 Warren Street

15. FILED 21 19 21 Wm C. St. Louis REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 26th, 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 1st 19 29 to Feb 26 19 30 that I last saw him alive on Feb 15 19 30, and that death occurred, on the date stated above, at 7:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Angina Pectoris
Chronic enlarged heart.

CONTRIBUTORY (SECONDARY) arteriosclerosis (duration) ? yrs. mos. ds.

(duration) ? yrs. mos. 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? Gray

(Signed) Arthur S. S. M. D.

2/26, 19 30 (Address) 2202 University St

*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

Zions Cemetery

DATE OF BURIAL

March 19 30

20. UNDERTAKER

Hy Tidner and Co

ADDRESS

1417 N Market St

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
2
94
9
9

