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

Do not use this space.

21487

~~21589~~

File No. 6368.

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis, (No. 4315 Oregon Avenue. St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Joseph C. Schlitt.

(a) Residence. No. 4315 Oregon Avenue. St., 15 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 Kunigunda Schlitt.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 11, 1869.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	61	5	18.	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Grocer clerk.

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

(c) Name of employer Al. Hentrich.

9. BIRTHPLACE (CITY OR TOWN) Franklin Co.,
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Henry Schlitt.

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

12. MAIDEN NAME OF MOTHER Anna Stuter.

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

14. INFORMANT Frank F. Schlitt
(Address) 4315 Ogegon Avenue.

15. FILED -1 1930 19 Max C Starkey REGISTRAR

3

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from April 29th, 1930, to June 29th, 1930, that I last saw him alive on June 29th, 1930, and that death occurred, on the date stated above, at 10 19 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Apoplexy

108
82A
101 (duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) Lobar Pneumonia

(duration) yrs. mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED Lymphadenitis 4 mos

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Dr Robert Breiderer, M. D.

June 30th 1930 (Address) 1012 Geyer Av

*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
New SS. Peter & Paul Cem.	July 2, 1930.

20. UNDERTAKER	ADDRESS
J.H. Gibken L & U Co.	2842 Meramec.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.