

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

Do not use this space.

34524

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis, Mo.** (No. **Marion Hospital**)

File No.....

Registered No. **9900**

St..... Ward)

**2. FULL NAME** **Frank Schlottman**

(a) Residence. No. **1327 S. Broadway, St. Louis, Mo. 22** Ward.  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **51** yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <b>Married</b>
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5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF (OR) WIFE OF **Bessie Schlottman**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Dec. 15, 1899**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<b>50</b>	<b>10</b>	<b>1</b>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work **Watchman**  
(b) General nature of industry, business, or establishment in which employed (or employer) **Buildings**  
(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) **Mo.**

PARENTS

10. NAME OF FATHER **Charles Schlottman**

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) **Mo.**

12. MAIDEN NAME OF MOTHER **Teresa Lee**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) **Mo.**

**14.**

INFORMANT **Walter Schmitt**  
(Address) **3640 Marine Ave., St. Louis, Mo.**

**15.**

FILED **1** 19 **May 6** **Starkoff**  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Oct. 16, 1930** 19

17. I HEREBY CERTIFY, That I attended deceased from **Oct. 11, 1930**, 19, to **Oct. 16, 1930**, 19, that I last saw him alive on **Oct. 16, 1930**, 19, and that death occurred, on the date stated above, at **10:45 A.M.** m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

**Chronic Nephritis & Myocarditis - chr.**  
(duration) yrs. mos. ds. **15**  
CONTRIBUTORY (SECONDARY) **Myocarditis - chr.**  
(duration) yrs. mos. ds. **5**

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH **Unknown**

DID AN OPERATION PRECEDE DEATH? **No** DATE OF

WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) **J.E. Smith, A.A. Surg. U.S.P.H.S.** M. D.

**10-16-30** (Address) **3640 Marine Ave. St. Louis, Mo.**

\*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 St. Packer Park Oct 18 1930**

**20. UNDERTAKER**

**ADDRESS**

**Wm. B. Moydell 1926 Allen**

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

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