

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis (No. Alexian Bros. Hosp.)

Registration District No. 751
Primary Registration District No. 1003

34704
File No.
Registered No. 10090
St. Ward)

2. FULL NAME

Henry Scheiffle
(a) Residence, No. 6544 Plymouth Ave. St. 74 Ward. St. Louis Co. Mo.
(Usual place of abode)
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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Emma Scheiffle.</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Oct 7-1868</u>		
7. AGE	YEARS <u>62</u>	MONTHS <u>0</u>
	DAYS <u>15</u>	If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Baker (retired)</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>46th</u> (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) ?
(STATE OR COUNTRY) Germany

PARENTS

10. NAME OF FATHER Don't know

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

12. MAIDEN NAME OF MOTHER Don't know

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

14. INFORMANT Mrs. Emma Scheiffle
(Address) 6544 Plymouth Ave.

15. FILED Oct 21 1930
REGISTRAR W. C. Stanley

2 MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 22 1930

17. I HEREBY CERTIFY, That I attended deceased from 9/25/30 to 10/22/30
that last saw him alive on 10/22/30, and that death occurred, on the date stated above, at 4.30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Esophagus.
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 440
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 440
IF NOT AT PLACE OF DEATH

1 DID AN OPERATION PRECEDE DEATH? yes DATE OF 1928
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? physical exam
(Signed) A. H. ..., M. D.
10/23, 1930 (Address) 39585 Grand 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 St. Peters Cemetery DATE OF BURIAL 10-25 1930

20. UNDERTAKER Geo. L. Pleetch ADDRESS 5966 Easton Ave

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.

Alberca ...

10 ...

...