

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.

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

Do not use this space.

DEC 3 1930

1. PLACE OF DEATH

County St. Louis Registration District No. 786
 Township St. Louis Primary Registration District No. 4469
 City Maplewood, Mo. (No. 7300 Lyndover) St. _____ Ward _____

File No. 37247
 Registered No. 60

2. FULL NAME

William E. Schaper
 (a) Residence. No. 7300 Lyndover St. _____ 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Divorced</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>About 28 years old.</u>				

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) Glennore Distillery Co.

(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Booy, Missouri

10. NAME OF FATHER
Edward L. Schaper

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)
Booy, Mo.

12. MAIDEN NAME OF MOTHER
Jennie Flannigan

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

14. INFORMANT Eugenia E. Schaper
 (Address) 7300 Lyndover

15. FILED 11/25 1930 Meredie Schuster
 REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) November 24 1930

17. I HEREBY CERTIFY, That I attended deceased from
6-20-1930, to 11-24-1930
 that I last saw him alive on 11-24-1930, and that death occurred, on the date stated above, at 10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Septicemia
 (duration) yrs. 6 mos. ds.
CONTRIBUTORY osteomyelitis of olecranon +
SECONDARY lumbar spine 2nd lumbar
 (duration) yrs. 6 mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH? DATE OF 4/23/30 - 8/19/30 - 11/16/30

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? W.B. - Blood culture - physical
 (Signed) M. A. Schaper M. D.
11/24, 1930 (Address) hall Bldg

*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 Valhalla Cemetery **DATE OF BURIAL** 11-26 1930

20. UNDERTAKER Chas L. Geraghty & Son **ADDRESS** 4257 Lindell

