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

Do not use this space.

7879

**1. PLACE OF DEATH**

County ..... Registration District No. 791 ~~1008~~ File No. .....

Township ..... Primary Registration District No. ..... Registered No. 2248

City St. Louis Mo. (No. 2712 Accomac St. St. ..... Ward)

**2. FULL NAME** Ignatius Schindler

(a) Residence. No. 2712 Accomac St., 23 Ward. (If nonresident, give city or town and State)
(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 | 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~~ Fredaricke Schindler

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 1 - 1856

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 74 | 3 | 17 | |

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

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

PARENTS

10. NAME OF FATHER Frank Schindler
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Marie Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Mrs Fredaricke Schindler
(Address) 2712 Accomac

15. FILED FEB 19 1932 Max C Harlen Jr REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 18 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1931, to Feb 18, 1931 that I last saw he alive on Feb 18, 1931, and that death occurred, on the date stated above, at 8.20 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia Lobar
108
92 B

..... (duration) ..... yrs. ..... mos. 1 ds. 3

CONTRIBUTORY (SECONDARY) Mitral Regurgitation

..... (duration) ..... yrs. ..... mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH home
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Chas S Thomas, M. D.
, 19 (Address) 441 Frisco 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 | DATE OF BURIAL |
|---|---|
| S S Peter & Pauls Cem | Feb 20 1931 |
| **20. UNDERTAKER** | **ADDRESS** |
| E. J. Schnur 3125 | Lafayette Av. |

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.