

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

Do not use this space.

11532

1. PLACE OF DEATH

County St. Louis Registration District No. 1170
 9/6 Township Central Primary Registration District No. 6248H
 7 City Clayton (No. 6344) Clayton rd St. _____ Ward) _____

2. FULL NAME

Charles J. Schmaus
 (a) Residence. No. 6344 Clayton rd 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna C. Schmaus
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 4, 1871
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 60 2 9
 8. OCCUPATION OF DECEASED 221
 (a) Trade, profession, or particular kind of work Equipment Engineer
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Chas. V. Schmaus
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) ?
 (STATE OR COUNTRY) Germany
 12. MAIDEN NAME OF MOTHER Emma T. Fiske
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Missouri

14. INFORMANT Mr. Edwin D. Schmaus
 (Address) 6344 Clayton rd

15. FILED 3/16 1931 E. Jensen
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2 **16. DATE OF DEATH (MONTH, DAY AND YEAR)** March 13 1931

17. I HEREBY CERTIFY, That I attended deceased from Mar - 13, 1931 to Mar 13, 1931
 that I last saw him alive on Mar - 13, 1931, and that death occurred, on the date stated above, at 7:15 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myelogenous leukemia
72A
730
 (duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Myo. Arterio Sclerosis
 (duration) 7 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 720
 IF NOT AT PLACE OF DEATH _____

8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? ①

WHAT TEST CONFIRMED DIAGNOSIS? _____
 (Signed) J. H. Hale, M. D.
 . 19 _____ (Address) 14903 Delmar

*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 Crematory DATE OF BURIAL 3-16 1931

20. UNDERTAKER Geo. L. Pleitsch ADDRESS 5946 Eastern 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.

APR 27 1931

286

49th Street

10th

Pr. 1071 504k