

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

Do not use this space.

**1. PLACE OF DEATH**

County Buchanan Registration District No. 85  
Township \_\_\_\_\_ Primary Registration District No. 1001  
City St. Joseph (No. 316 North 7 street St. \_\_\_\_\_ Ward)

File No. 17161  
Registered No. 503

**2. FULL NAME** Fred A Schuler

(a) Residence. No. 316 No. 7 street 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Rose Schuler (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 26, 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
53 9 12

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. Incomptent- Blind  
(b) General nature of industry, business, or establishment in which employed (or employer).  
(c) Name of employer

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

10. NAME OF FATHER Fred Schuler

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

12. MAIDEN NAME OF MOTHER Rose Ziebold

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

14. INFORMANT Mrs. Rose Schuler (Address) 316 North 7 St. - St. Joseph Mo.

15. FILED MAY 11 1931 John R. Bender REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 8 19 31

17. I HEREBY CERTIFY, That I attended deceased from Apr 24, 1931, to May 8, 1931, that I last saw h. in. alive on Apr 30, 1931, and that death occurred, on the date stated above, at 7:45 P m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic Myocarditis.  
Secondary Hypertension. (duration) 2 yrs. mos. ds.  
CONTRIBUTORY Bronchial Pneumonia (SECONDARY) (duration) \_\_\_\_\_ yrs. mos. 10 ds.

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

19. DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS clinical + laboratory  
(Signed) Henry H. Fournier, M. D.

May 9 1931 (Address) 216 O. & S. 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 Mount Mora Cemetery DATE OF BURIAL May 11 1931

20. UNDERTAKER W. C. Sidusfaden ADDRESS 1802 Union st.

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.

JUN 24 1931

