

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

Do not use this space.

19398

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St Louis** (No. **27469**) **St Robert**

File No.....

Registered No. **5346**

St.....

Ward.....

2. FULL NAME

Edward Schain

(a) Residence. No. **27469** **St Robert** St. **24** Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **50** 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 **Katherine Schain**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Aug 1 1869**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
61 9 3

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Beverage Bottler**
(b) General nature of industry, business, or establishment in which employed (or employer) **57**
(c) Name of employer **Anheuser-Busch**

9. BIRTHPLACE (CITY OR TOWN) **St Clair Co Ill**
(STATE OR COUNTRY) **Ill. 2**

10. NAME OF FATHER **Boris Schain**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Canada**
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Delia Hudson**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Ill 2**
(STATE OR COUNTRY)

14. INFORMANT **Katherine Schain**
(Address) **27469 St Robert**

15. FILED **6 1931** **May C. Starnes** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **May 4 1931**

I HEREBY CERTIFY, That I attended deceased from **March 4, 1931** to **May 4, 1931**, that I last saw him alive on **May 4, 1931**, and that death occurred, on the date stated above, at **8:30 A. M.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

46E
131 Carcinoma Liver
(duration) **2** yrs. mos. ds.
CONTRIBUTORY **Chronic Diffuse Nephritis**
(SECONDARY) (duration) **1** yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? **no** DATE OF.....

WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) **Oscar K. Engelberg**, M. D.

May 4, 1931 (Address) **3115 S Grand**

*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 **New St Marcus** DATE OF BURIAL **5-6 1931**

20. UNDERTAKER **W. Schumacher** ADDRESS **3013 Insurance**

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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