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.

23805

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. [illegible] Registered No. 7334

City St Louis (No. St Mary's Infirmary St. ..... Ward)

2. FULL NAME Bernard G. Schiess

(a) Residence. No. 914 N 19th St. St., 21 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 Katherine Schiess

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 21, 1861

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
70	4	9	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Salesman 19½
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer Star Paper Co.

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

PARENTS
10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Denmark
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Denmark

14. INFORMANT Katherine Schiess
(Address) 914 N 14th St

15. FILED 11-1, 1931 Max C. Starkey REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 30, 1931

17. I HEREBY CERTIFY, That I attended deceased from June 28, 1931, to June 30, 1931, that I last saw him alive on June 30, 1931, and that death occurred, on the date stated above, at 5.50 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

92A Heart Failure
92C Myocarditis Chronic
95A ..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Auricular Fibrillation - Senility
Aortic Stenosis
..... (duration) ..... 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) W. W. Holmes, Jr., M. D.
6-1, 1931 (Address) St Mary's Infirmary

*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
Calvary Cemetery	7-3 1931
20. UNDERTAKER	ADDRESS
Kriegshauser U Co	4104 Manchester