

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.

29428

**1. PLACE OF DEATH**

County ..... Registration District No. 101  
 Township St. Louis Primary Registration District No. 1068  
 City St. Louis (No. City Hospital)

File No. ....  
 Registered No. 8414  
 St. .... Ward)

**2. FULL NAME**

Frank J. Schober  
 (a) Residence, No. 1828 Sherman St., 23 Ward.  
 (Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 38 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) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) about 1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
about 38 Unknown

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Horse Shoer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) about 1926 11. Total time (years, months, and days) spent in this occupation 29 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER 13. NAME Anton Schober

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bohemia

MOTHER 15. MAIDEN NAME Anna Bonda

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bohemia

17. INFORMANT Anton Schober (ADDRESS) 1828 Sherman St.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter & Paul DATE Aug 3 1931

19. UNDERTAKER Dr. S. May dell (ADDRESS) 1926

20. FILED HUB - 3 1931 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 2 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1931, to Aug 2, 1931  
 I last saw him alive on Aug 1, 1931. Death is said to have occurred on the date stated above, at 5:14 p. m.

The principal cause of death and related causes of importance were as follows:

Acute Pneumonia Date of onset Aug 1/31  
108  
75° 108  
 Other contributory causes of importance:  
Acute Alcoholism

Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
 Where did injury occur? ..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
 Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify .....  
 (Signed) A. M. Bismer, M. D.  
 (Address) 2134 Gravois Ave

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