

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

Do not use this space.

31455

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 390
Primary Registration District No. 100
(No. St. Lukes Hospital)

File No. 3053
Registered No. 3053
St. _____ Ward _____

2. FULL NAME Paul E. Schauer, Sr.

(a) Residence. No. 4920 Central St. 8 Ward _____
(Usual place of abode)
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 12 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 Mrs. Gertrude Schauer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 27, 1888

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
42 11 38

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Pipestone
(STATE OR COUNTRY) Minnesota

10. NAME OF FATHER Michael G. Schauer

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

12. MAIDEN NAME OF MOTHER Christina F. Fruechtenicht

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

14. INFORMANT Mrs. Gertrude Schauer
(Address) 4920 Central

15. FILED 9/25/31 M. M. Brown REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 25 1931

17. I HEREBY CERTIFY, That I attended deceased from July 12/31 to Sept 25, 1931
that I last saw alive on Sept 25/31, 1931, and that death occurred, on the date stated above, at 4-50a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Brain Abscess (Cerebral right Parietal cerebral left frontal)

of known (duration) about 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Empyema left.
of known (duration) about 10 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 7/15/31 9/23/31

WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS Empyema Brain abscess
(Signed) Tom E. Kelly, M. D.
9/25/31 (Address) 1022 Argyle 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 Mt. Moriah DATE OF BURIAL 9-26 19 31

20. UNDERTAKER Freeman Mortuary ADDRESS K.C. Mo

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.

Dr. J. W. P. J.

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