

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

Do not use this space.

35645

File No. _____
Registered No. 370
St. _____ Ward)

1. PLACE OF DEATH

County St. Louis
Township Carondelet
City Roch. Mo. (No. Roch Hosp.)

Registration District No. 1123
Primary Registration District No. 6248 B

2. FULL NAME

Paul Schleiman
(a) Residence. No. 1410 N. 11th St., _____ Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 5 mos. 11 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND or (OR) WIFE OF Bridget Schleiman

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>52</u>	<u>8</u>	<u>29</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Paint Mixer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Germany

PARENTS

10. NAME OF FATHER _____

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

12. MAIDEN NAME OF MOTHER _____

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

14. INFORMANT Robt. Koch Record
(Address)

15. FILED Oct 7 1931 L. C. Obrodt
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct - 6th 1931

17. I HEREBY CERTIFY, That I attended deceased from April 25 - 1931 to Oct - 6 - 1931
that I last saw him alive on Oct - 6 - 1931, and that death occurred, on the date stated above, at 6:08 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Fur adv-pulm Tuberculosis
25h

(duration) 1 yrs. 7 mos. 30 ds.

CONTRIBUTORY (SECONDARY) 23
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH 1410 N. 11th

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? X-ray of Pulm & Clinical
(Signed) Bern Margulis, M. D.

10/6, 1931 (Address) Roch Hosp Roch Mo

*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 S. S. Peter Paul Cem, DATE OF BURIAL Oct 10th 1931

20. UNDERTAKER Baumikmihaus ADDRESS 1138 N 6th 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.

NOV 28 1931

$$\begin{array}{r} 31 - 10 - 36 \\ 52 - 8 - 29 \\ \hline 79 - 1 - 7 \end{array}$$