

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

Do not use this space.

39523

1. PLACE OF DEATH

County St. Louis Registration District No. 781 File No. _____
 Township _____ Primary Registration District No. 1000 Registered No. 11714
 City St. Louis (No. Alexian Bros. Hospital St. _____ Ward)

2. FULL NAME

(a) Residence, No. 4519 Idaho St., 15 Ward. (If nonresident, give city or town and State)

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 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 Margaret Schoppe

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 1 1876

7. AGE YEARS 55 MONTHS 1 DAYS 21 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bread Salesman

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) _____ 11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

13. NAME Hy. C. Schoppe

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

15. MAIDEN NAME Dora Kaufmann

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

17. INFORMANT (ADDRESS) Margaret Schoppe 4519 Idaho

18. BURIAL, CREMATION, OR REMOVAL PLACE Funeral Home DATE 11-24 1931

19. UNDERTAKER (ADDRESS) J. Schumacher 3613 Breanet St

20. FILED Nov 23 1931 Max C. Starnitz Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 22 1931

22. I HEREBY CERTIFY, That I attended deceased from 9/15, 1931, to 11/22, 1931. I last saw him alive on 11/21, 1931. Death is said to have occurred on the date stated above, at 3:00 A. m.

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

Embolism of liver Date of onset ?
Glomerulonephritis ?
12/18
1:30

Other contributory causes of importance:

12/18

Name of operation none Date of _____

What test confirmed diagnosis Physic exam 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. H. Hageman, M. D.

(Address) 2759 Grand B.

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.

MARGIN RESERVED FOR BINDING

V.S. NO. 2.

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