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.

42895

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1[illegible]

City ST, LOUIS MO. (No. 3721a SULLIVAN AVE. St. ..... Ward)

File No. .....

Registered No. 12821

2. FULL NAME GEORGE H. SCHLEF.

(a) Residence, No. 3721a SULLIVAN AVE. St., 10 Ward.
(Usual place of abode) (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: LOUISA SCHLEF.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 10/25/1879

7. AGE: YEARS 52 | MONTHS 2 | DAYS 23. | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

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

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

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.

FATHER

13. NAME: NOT KNOWN.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): NOT KNOWN.

MOTHER

15. MAIDEN NAME: HENRY SCHLEF.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): NOT KNOWN.

17. INFORMANT (ADDRESS): Louisa Schlef. 3721a Sullivan

18. BURIAL, CREMATION, OR REMOVAL

PLACE Laurel Hill DATE 12-31- 1931

19. UNDERTAKER (ADDRESS): Provost Med Co 3710 N. Grand Blvd

20. FILED DEC 29 1931 19 Max C Starkey Registrar.

## MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12/28/31. 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1931, to Dec 28, 1931

I last saw him alive on Dec 27, 1931. Death is said to have occurred on the date stated above, at 8 10 p m.

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

Myocarditis Acuti — Carcinoma of Stomach & Mediastinum —

Primary seat unknown

Other contributory causes of importance:

46 B
47 B
93 A

Date of onset

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....

If so, specify .....

(Signed) Wm. A. Knight, M. D.

(Address) 8612 Halls Ferry Road.