

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

Do not use this space.

444

1. PLACE OF DEATH

21 County Chariton Registration District No. 169 File No. _____
 Township Brunswick Primary Registration District No. 4098 Registered No. 3
 City Brunswick (No. _____) St. _____ Ward _____

2. FULL NAME JACOB SCHRENK

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

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. J. Schreus
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-27-1848
 7. AGE YEARS 83 MONTHS 8 DAYS 0 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc. Retired Merchant
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail Hardware
 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) Germany 10
 FATHER 13. NAME John Schreus
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 MOTHER 15. MAIDEN NAME Margaret Keppel
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany - Prussia
 17. INFORMANT (ADDRESS) Louis Schreus
Detroit Mich.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Brunswick DATE Jan-31 19 32
 19. UNDERTAKER (ADDRESS) L. W. Bousil
Brunswick, Mo.
 20. FILED 1/30 19 32 Harry E. Tatum
Registrar.

V MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan-27-1932
 22. I HEREBY CERTIFY, that I attended deceased from Oct-1-1931 to Jan 26, 1932
 I last saw him alive on Jan 26, 1932 Death is said to have occurred on the date stated above, at 11:30 AM.
 The principal cause of death and related causes of importance were as follows:
Cancer of Stomach Date of onset _____
463
162 46B
 Other contributory causes of importance:
Senility
 Name of operation none Date of _____
 What test confirmed diagnosis clinical Was there an autopsy? Yes
 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 Harry E. Tatum MD
 (Signed) Dr. J. W. Bousil M. D.
 (Address) Mo.

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.

JAN 28 1932

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

10-10-10