

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

Do not use this space.

2482

1. PLACE OF DEATH

County..... Registration District No.....
 Township..... Primary Registration District No.....
 City St. Louis, Mo. (No. ISOLATION HOSPITAL)

File No.....
 Registered No. 151
 St. Ward)

2. FULL NAME

(a) Residence, No. 1625 North 17th St. Ward. 26
 (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) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widow
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 26, 1929
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 6 8

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
 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) Mo.

FATHER
 13. NAME Henry Schlotman

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

MOTHER
 15. NAME Anna Schlotman

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

17. INFORMANT (ADDRESS) ISOLATION HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL PLACE Lempville, Mo. DATE Jan 5, 1932

19. UNDERTAKER (ADDRESS) W. Schlotman

20. FILED JAN - 5 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 4, 1932

22. I HEREBY CERTIFY That I attended deceased from Jan 4, 1932 to Jan 4, 1932
 last saw him alive on Jan 4, 1932 Death is said to have occurred on the date stated above, at 10:00 a.m.
 The principal cause of death and related causes of importance were as follows:

tubercular meningitis Date of onset 12-28

Other contributory causes of importance: None

Name of operation None Date of None

What test confirmed diagnosis? Direct Coombs test Was there an autopsy? No

23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury 1932

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 ① Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify None

(Signed) Julius Eschenbrenner M. D.
ISOLATION HOSPITAL (Address)

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.

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