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.

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

Do not use this space.

2938

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 658

City ..... (No. ..... St. ..... Ward)

2. FULL NAME CHRIST. SCHAD

(a) Residence, No. 1348 CENTRAL AVE St., 4 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): WID

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: ELIZABETH SCHAD

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 7-15-1843

7. AGE: YEARS 88 | MONTHS 0 | DAYS 4 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: CARPENTER
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): 3 years
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): GERMANY 10

FATHER

13. NAME: DONT NO
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): GERMANY

MOTHER

15. MAIDEN NAME: DONT NO
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): GERMANY

17. INFORMANT (ADDRESS): MRS ANNA SCHILLER 1348 CENTRAL

18. BURIAL, CREMATION, OR REMOVAL PLACE: ST. PAUL CHUCHYARD DATE: JAN 21, 1932

19. UNDERTAKER (ADDRESS): AL. TRAUBE UND. CO AFFTON MO

20. FILED: JAN 20 1932 19 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR): JANUARY 19, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Jan 17th 1932, to Jan 19th, 1932. I last saw him alive on Jan 18th, 1932. Death is said to have occurred on the date stated above, at 10:40 A.m.

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

Uraemia due to Chronic Nephritis — Date of onset: Jan 17

131
97
130 / 3

Other contributory causes of importance: arterio sclerosis

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 1

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) [signature], M. D.

(Address) 4011 Chouteau av