

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

Do not use this space.

3540

1. PLACE OF DEATH

County Harrison
Township Belton
City on County Farm (No.)

Registration District No. 981
Primary Registration District No. 6171

File No.
Registered No. 2
St. Ward)

2. FULL NAME

Paul H. Scheuk
(a) Residence No. St. 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) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF single

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 3 - 1855

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
76 8 5

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Germany 10
(STATE OR COUNTRY)

10. NAME OF FATHER Frederick Scheuk

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Fredericke Schlegel

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

14. INFORMANT J. Wright City
(Address)

15. FILED Jan 25 1932 W. B. Gehring
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 12 1932

17. I HEREBY CERTIFY, That I attended deceased from Sept 24 1931 to Jan 12 1932 (that I last saw him alive on Jan 12 1932 and that death occurred, on the date stated above, at 3 p.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Chronic nephritis

CONTRIBUTORY (SECONDARY) high blood pressure
Arteriosclerosis (duration) 10 yrs

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF (1)

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) John H. Dyer, M. D.
(Address) Northton Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Lutzstadt Cemetery DATE OF BURIAL Jan 14 1932

20. UNDERTAKER C. E. Gibney ADDRESS St. Louis City 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.

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

FEB 25 1932

109

