

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

Do not use this space.

9347

**1. PLACE OF DEATH**

70 County Montgomery Registration District No. 594  
Township Jefferson Primary Registration District No. 428  
City (No. 5788B) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. Two St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Henry Schaller  
(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 79 yrs. 6 mos 23 ds. How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) <u>Mrs. Anastasia Schaller</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 31, 1852</u>		
7. AGE	YEARS	MONTHS
	<u>79</u>	<u>6</u>
		DAYS
		<u>23</u>
8. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc. <u>Farming</u>		
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 <u>79</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Rhineland Prussia</u>		
13. NAME <u>Theodore Schaller</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Prussia</u>		
15. MAIDEN NAME <u>Aleida Van Wilck</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Prussia Germany</u>		
17. INFORMANT (ADDRESS) <u>J. J. Graf Rhineland Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Rhineland</u> DATE <u>3-26-32</u>		
19. UNDERTAKER (ADDRESS) <u>H. Hallinger &amp; Co Rhineland Mo</u>		
20. FILED <u>3-25-1932</u> <u>D. P. Caschelback</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 23, 1932

22. I HEREBY CERTIFY That I attended deceased from Nov 10, 1931, to March 23, 1932  
Last saw him alive on March 23, 1932 Death is said to have occurred on the date stated above, at 5:00 p. m.  
The principal cause of death and related causes of importance were as follows:  
Interstitial Nephritis Date of onset 131 99 / 131  
Other contributory causes of importance arterial Sclerosis

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? no  
If so, specify \_\_\_\_\_  
(Signed) D. B. Nichols, M. D.  
(Address) Rhineland 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.

MAY 26 1932

WRITE PLAINLY, WITH CAPITALS THROUGHOUT IS A FUNDAMENTAL RECORD

