

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

Do not use this space.

14230

**1. PLACE OF DEATH**

County.....  
Township.....  
City.....

Registration District No. 791  
Primary Registration District No. 791B  
No. 5517 Virginia

File No.....  
Registered No. 3566  
St..... Ward)

**2. FULL NAME**

(a) Residence, No. 5517 Virginia St. 15 Ward.

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 Cecilia Schall

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
61 10 -

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wash Oiler  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 60  
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) St Louis Mo

FATHER 13. NAME Michael Schall

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

MOTHER 15. MAIDEN NAME Margaret Schmidt

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

17. INFORMANT Cecilia Schall (ADDRESS) 5517 Virginia

18. BURIAL, CREMATION, OR REMOVAL PLACE No. Crematory DATE Apr. 13 1932

19. UNDERTAKER H. Schumacher (ADDRESS) 2013 Meramec

20. FILED APR 23 1932 May C. Starbuck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 10 1932

22. I HEREBY CERTIFY, That I attended deceased from April 6, 1932, to April 10, 1932. I last saw him alive on April 9, 1932. Death is said to have occurred on the date stated above, at 6:15 A.M.. The principal cause of death and related causes of importance were as follows:

Stenitis acute Myocarditis  
97 931

Other contributory causes of importance: Myositis  
Cyst in right leg Benign  
Cyst to

Name of operation ⓪ 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..... Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify..... (Address) 2105 So. Broadway, M. D.

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.

THIS IS A PERMANENT RECORD

