

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

Do not use this space.

17430

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 1033  
City St Louis Mo (No. 3206 St Vincent av)

File No.....  
Registered No. 4314  
St. .... Ward)

**2. FULL NAME**

Ernest Schueddig  
(a) Residence, No. 3206 St Vincent av Ward. 17

(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 <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		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 28 1874</u>		
7. AGE	YEARS	MONTHS
	<u>57</u>	<u>7</u>
		DAYS
		<u>3</u>
		IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Salesman</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Furniture</u>	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation <u>10 1/2</u>	

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-1- 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-27- 1931, to May 1- 1932  
I last saw him alive on 4-30- 1932. Death is said to have occurred on the date stated above, at 6:20 a.m.

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

Cancer of Cecum  
6c with metastases  
to E & Liver - 4-6-32  
Other contributory causes of importance:

Terminal Heart failure  
and Thrombo-embolism  
Name of operation Abdominal Operation Date of 9-31  
What test confirmed diagnosis? Biopsy Was there an autopsy? no

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?  
If so, specify .....  
(Signed) J. W. H. ... M. D.  
(Address) 3701 Webster

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St Louis Mo</u>
	13. NAME <u>Aug Schueddig</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	15. MAIDEN NAME <u>Emma Brook</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	17. INFORMANT (ADDRESS) <u>3206 St Vincent</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Valley View</u> DATE <u>May 4 1932</u>
	19. UNDERTAKER (ADDRESS) <u>John L Ziegenheim</u>
	20. FILED <u>1932</u> <u>May 1</u> <u>1932</u> <u>St Louis</u> Registrar.

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.

