

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

Do not use this space.

17654

1. PLACE OF DEATH

County..... Registration District No. 79D
Township St. Louis Mo. Primary Registration District No. 10112
City St. Louis Mo. (No. Sanitarium)

File No.
Registered No. 4594
St. Ward

2. FULL NAME

Henry Schauburg
(a) Residence, No. 2000 of Gravois Ave. 13 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 29 yrs. 11 mos. 24 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 18, 1902

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>29</u>	<u>11</u>	<u>22</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Chauffeur</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>Unknown</u>
	10. Date deceased last worked at this occupation (month and year)	<u>Unknown</u>

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

13. NAME Justice Schauburg

14. BIRTHPLACE (CITY OR TOWN) Herrmann (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Kansas City (STATE OR COUNTRY) Missouri

17. INFORMANT W.F. McAllane MD (ADDRESS) 5400 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL PLACE New St Marcus DATE May 11 1932

19. UNDERTAKER J.H. Telpkes (ADDRESS) 22630 Franklin Ave

20. FILED MAY 11 1932 W.C. Stanley Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from May 2nd 1932 to May 10th 1932

I last saw him alive on May 10th 1932 Death is said to have occurred on the date stated above, at 12:50 p.m.

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

General Paralysis of the Insane (acute) Date of onset 5/2/32

Other contributory causes of importance:

83 85 10
34

Name of operation..... Date of.....
What test confirmed diagnosis? clinical 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?
If so, specify.....

(Signed) William F. McAllane M. D.
(Address) 5400 Arsenal St.

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.

