

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

Do not use this space.

21377

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis (No. Mississippi River) St. Hoot of Madison St. Ward

File No.
 Registered No. 5935

2. FULL NAME

Robert M. Schueler
 (a) Residence, No. 1819^a Montgomerly St., 26 Ward.
 (Usual place of abode)
 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) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 24, 1919

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
18 9 ~~1~~ 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolboy
 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 183

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

FATHER 13. NAME Chas Schueler

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

MOTHER 15. MAIDEN NAME Margaret Rumpf

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

17. INFORMANT (ADDRESS) Margaret Schueler 1819^a Montgomerly St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE June 25, 1932

19. UNDERTAKER (ADDRESS) My Peidover, 177^a Market St.

20. FILED ON 21 1932 Wm O Stauder Registrar

MEDICAL CERTIFICATE OF DEATH

1 Found dead
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17, 1932
 22. I HEREBY CERTIFY, That I attended deceased (from

..... 19....., to 19.....
 I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 8:45 m.
 The principal cause of death and related causes of importance were as follows:

Asphyxiation due to Drowning while working in Mississippi River. J. H. Mahon M.D.

Other contributory causes of importance:

183 Accident

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 6/12, 1932

Where did injury occur? St. Louis, Mo
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Asphyxiation - Drowning

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) J. H. Mahon

(Address) Calvary

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.

