

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

Do not use this space.

24207

1. PLACE OF DEATH

County _____ Registration District No. _____
 Township St. Louis Primary Registration District No. 1043
 City St. Louis (No. Lutheran Hospital) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 4707 - Michigan Ave 15 Ward. (If nonresident, give city or town and State)
 (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.

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 Katherine Schauer
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 29 - 1865
 7. AGE YEARS 67 MONTHS 5 DAYS 8 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brewery Worker
 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) Germany
 13. NAME Unknown
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Katherine Schauer
 (ADDRESS) 4707 - Michigan Ave
 18. BURIAL, CREMATION, OR REMOVAL PLACE St. Matthews DATE July 11 1932
 19. UNDERTAKER Wacker - Del derle
 (ADDRESS) 2331 - 1390 Ave
 20. FILED Vol - 8 14 May 1932
 Registrar.

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7 1932
 22. I HEREBY CERTIFY That I attended deceased from Sept 25 1930, to July 7 1932
 I last saw him alive on July 7 1932 Death is said to have occurred on the date stated above, at 11 7 a.m.
 The principal cause of death and related causes of importance were as follows:
Hypostatic Pneumonia 5 days
97
111B 97
 Other contributory causes of importance:
Arteriosclerosis ① yo
 Name of operation none Date of _____
 What test confirmed diagnosis? Papan Was there an autopsy? yes
 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) J. Lewis Hutton M. D.
 (Address) 3400 California

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.

