

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

Do not use this space.

24702

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township **St. Louis Mo.** Primary Registration District No. **1003**
 City **St. Louis Mo. (No. City, Sanitarium)** St. Ward)

File No. **6847**
 Registered No.
 St. Ward)

2. FULL NAME

(a) Residence, No. **5223 Sutherland St. 13** Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred **34 yrs. 9 mos. 22 ds.** How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Mayme Ebert.</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Sept. 30, 1897</i>				
7. AGE	YEARS <i>34</i>	MONTHS <i>9</i>	DAYS <i>22</i>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. <i>clerk 135</i>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Drug Store</i>			
	10. Date deceased last worked at this occupation (month and year) <i>unknown</i>			
				11. Total time (years) spent in this occupation <i>unknown</i>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Louis, Missouri</i>				
FATHER	13. NAME <i>Unknown</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>			
MOTHER	15. MAIDEN NAME <i>Unknown</i>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>			
17. INFORMANT (ADDRESS) <i>C. A. Schmiesing, 5400 Arsenal</i>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>St. Peter & Paul</i> DATE <i>July 25, 1932</i>				
19. UNDERTAKER (ADDRESS) <i>Galaxy Child Co., 1001 Olive St.</i>				
20. FILED 19 <i>July 25, 1932</i> Registrar				

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 21, 1932*

22. I HEREBY CERTIFY, that I attended deceased from *Sept. 15, 1931*, to *July 21, 1932*.

I last saw him alive on *July 21, 1932*. Death is said to have occurred on the date stated above, at *6:30 P.M.*

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

General Paralysis of Insane (syphilis)

Other contributory causes of importance: *83*

Name of operation: *none* 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?

If so, specify

(Signed) *C. A. Schmiesing* M. D.
 (Address) *1115 5400 Arsenal*

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.

As per Paul.

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