

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.

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

Do not use this space.

27361

1. PLACE OF DEATH

County..... Registration District No. 701
Township..... Primary Registration District No. 202
City St. Louis, Mo. (No., Sanitarium

File No.
Registered No. 7136
St. Ward

2. FULL NAME

Edward Schla
(a) Residence, No. 2337 Maiden Lane, B Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 62 yrs. 9 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 21, 1869

7. AGE YEARS 62 MONTHS 9 DAYS unknown If LESS than 1 day,hrs. ormin.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Soap maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) unknown 11. Total time (years) spent in this occupation unknown

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

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Edward Schmieging (ADDRESS) 5400 Arsenal

18. BURIAL, CREMATION, OR REMOVAL PLACE New York DATE Aug 31, 1932

19. UNDERTAKER John P. Collins (ADDRESS) 1324

20. FILED AUG 2 1932 W. C. Starker Registrar

3 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1932, to Aug 1, 1932
I last saw him alive on Aug 1, 1932 Death is said to have occurred on the date stated above, at 1:30 am.
The principal cause of death and related causes of importance were as follows:

chronic Myocarditis
arteriosclerosis
Senility
Date of onset 7/11/32

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) Edward Schmieging, M. D.
(Address) 5400 Arsenal

