

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

Do not use this space.

27430

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 1003  
City St. Louis (No. 2703<sup>rd</sup> Arsenal St.)

File No.....  
Registered No. 7234  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 2703<sup>rd</sup> Arsenal St., 24 Ward.

(Usual place of abode) (If nonresident, give city or town and State)  
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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 21<sup>st</sup> 1867</u>		
7. AGE YEARS <u>64</u>	MONTHS <u>7</u>	DAYS <u>13</u>
If LESS than 1 day, ..... hrs. or ..... min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Brewery Laborer</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>58</u>
	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 10

FATHER 13. NAME Philip Schlette

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

MOTHER 15. MAIDEN NAME Not Known

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

17. INFORMANT Margaret Schlette  
(ADDRESS) 2703<sup>rd</sup> Arsenal

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Simple Burial DATE Aug. 6<sup>th</sup> 1932

19. UNDERTAKER Wm. Schumacher & Co.  
(ADDRESS) 3013 Marquette St.

20. FILED AUG -5 1932 May C. Starker  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 3<sup>rd</sup> 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 10<sup>th</sup> 1928 to Aug 3<sup>rd</sup> 1932  
I last saw him alive on Aug 3<sup>rd</sup> 1932. Death is said to have occurred on the date stated above, at 1:30 p.m.  
The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus Supr. Date of onset 59  
50  
Other contributory causes of importance: (1)

Name of operation none Date of.....  
What test confirmed diagnosis? Urinal Was there an autopsy? No

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) Rev. Steiner M. D.  
(Address) 3606 Knapview

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.

11/5/12  
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