

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

Do not use this space.

36941

1. PLACE OF DEATH

96 County St. Louis Registration District No. 785
Township Meramec Primary Registration District No. 6032
City St. Louis No. St. Ward

File No.
Registered No. 220

2. FULL NAME

Edward Schag
(a) Residence, No. Glencoe, Mo #1 St. Ward
(Usual place of abode)
Length of residence in city or town where death occurred 53 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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Caroline Schag</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb-1-1879</u>		
7. AGE YEARS <u>53</u>	MONTHS <u>9</u>	DAYS <u>22</u>
If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farming</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Own farm</u>		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
<u> </u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo</u>		
13. NAME <u>Andrew Schag</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Mary Paebel</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT (ADDRESS) <u>Caroline Schag</u> <u>Glencoe, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Orville Lytle</u> DATE <u>11-27-1932</u>		
19. UNDERTAKER (ADDRESS) <u>Schender Club Co</u> <u>Belleair, Mo</u>		
20. FILED <u>11-23-1932</u> <u>E. Barnett</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-23-1932

22. I HEREBY CERTIFY, that I attended deceased from June 15, 1932 to Nov. 23, 1932
I last saw him alive on Nov. 23, 1932 Death is said to have occurred on the date stated above, at 5:45 p. m.
The principal cause of death and related causes of importance were as follows:
Epilepsy
85 85
39H
Other contributory causes of importance:
Heart Block (D)

Name of operation Date of
What test confirmed diagnosis? Clinical 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?
If so, specify

(Signed) Henry H. Henson M. D.
(Address) 249 West Jefferson Ave
St. Louis

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.

JAN 5 1933

Leo Hanson

1-8-18.3