

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis Registration District No. 7811
 Township St. Louis Primary Registration District No. 11579 File No. 42417
 City St. Louis (No. City) City Hopkins St. 31 Registered No. 11579 Ward

2. FULL NAME

(a) Residence, No. 2628 Arsenal St., 24 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 <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>Minnie Schierhold</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 15 - 1883</u>		
7. AGE	YEARS	MONTHS
	<u>49</u>	<u>7</u>
	DAYS	IF LESS THAN 1 day, hrs. or min.
	<u>8</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Loop Per-Retired</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Lump Brew Co. 188</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) <u>St. Louis Mo</u>		
FATHER	13. NAME <u>Unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany 10</u>	
	15. MAIDEN NAME <u>Unknown</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	17. INFORMANT (ADDRESS) <u>Minnie Schierhold 2628 Arsenal</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>National Cemetery</u> DATE <u>Dec 27</u> 19 <u>32</u>		
19. UNDERTAKER (ADDRESS) <u>Wacker & Helderle 231 Broadway</u>		
20. FILED <u>DEC 27 1932</u> <u>Max C. Farkley</u> Registrar.		

3. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 23 1932
 22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h_____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 5:30 P m.
 The principal cause of death and related causes of importance were as follows:

Hæmorrhage & Laceration of Brain (Fracture of Skull) due to fall down steps at residence on 12/23/32 accident.
 Other contributory causes of importance:
186W

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury 12/23, 1932
 Where did injury occur? St. Louis Mo (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury Fall down steps
 Nature of injury Fracture skull

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) John J. Deary
 (Address) Deputy Coroner
12/28/32

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.

