AR 24 1933

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.

4865

File No. 16 765

Registered No.

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 86

Township: Washington — Primary Registration District No.: 5127

City: ~~Industrial City~~ (No. ..., ... St. ..... Ward)

2. FULL NAME Robert James Schiltz

(a) Residence, No. Industrial City, Mo. St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept, 28, 1932

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	0	4	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

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

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) St. Joseph, Mo.

FATHER

13. NAME James T. Schiltz

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Willow Springs, Mo.

MOTHER

15. MAIDEN NAME Adelia Ruegsegger

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph, Mo.

17. INFORMANT Mrs. Adelia Schiltz
(ADDRESS) Industrial City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park Cem. DATE Feb. 28, 1933

19. UNDERTAKER Walter Meierhofer
(ADDRESS) 1302 Faraon St. St. Joseph, Mo.

20. FILED 3-27 1933 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb, 26, 1933, 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1933, to Feb 26, 1933

I last saw h. alive on Feb 26, 1933. Death is said to have occurred on the date stated above, at 9.30 A.M.

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

	Date of onset
Bronchial Pneumonia	Feb 23
IIA	
IOA	
Other contributory causes of importance: Influenza	Feb 20

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) [signature], M. D.
(Address) St Joseph Mo