

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

Do not use this space.

18235

1. PLACE OF DEATH

County Registration District No. **791**
 Township **St. Louis** Primary Registration District No. **03**
 City **St. Louis** (No. **Bethesda Hospital**) St. Ward)

File No.
 Registered No. **4443**
 St. Ward)

2. FULL NAME

Christian Schlather

(a) Residence, No. **1505 S. Grand** St., **17** Ward.

(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 **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 **Helena Schlather**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Unknown 1870**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
abt. 63 - - - - -

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Master Baker**

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) **Germany**

13. NAME **Christian Schlather**

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

15. MAIDEN NAME **Rosena Meyer**

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

17. INFORMANT **Helena Schlather** (ADDRESS) **1505 S. Grand St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Oak Grove** DATE **May 23rd 1933**

19. UNDERTAKER **Arthur J. Daniels and Co** (ADDRESS) **2840 Grand St.**

20. FILED **MAY 23 1933** **J. A. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 19th 1933**

22. I HEREBY CERTIFY, That I attended deceased from **Nov. 25 1932** to **May 19 1933**
 I last saw him alive on **May 19 1933** Death is said to have occurred on the date stated above, at **12 P. M.**

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

Cancer of the stomach
46 B
 Date of onset **More than a year ago.**

Other contributory causes of importance: **none**

Name of operation **Exploration** Date of **11/25/32**
 What test confirmed diagnosis? **Exploratory** 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) **Roland Hill**, M. D.
 (Address) **4500 Olive St.**

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.

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Roland Hill

Fs 3800

Lester Bay

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