

**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. 790
 Township Central Primary Registration District No. 6033
 City Clayton (No. 47) Arundel Place St. 1 Ward 1
 2. FULL NAME George M. Scheu
 (a) Residence, No. 47 Arundel Pl. Clayton Mo. Ward. 1
 (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. (If nonresident, give city or town and State)

File No. **20983**

Registered No. _____

Registered No. _____

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>Helen Scheu</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May, 22, 1881</u>		
7. AGE YEARS <u>52</u>	MONTHS <u>01</u>	DAYS <u>11</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Druggist</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Self</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>Ill</u>		
13. NAME <u>unknown</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
15. MAIDEN NAME <u>unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
17. INFORMANT <u>Mrs Helen Scheu</u> (ADDRESS) <u>47 Arundel Place</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bellefontaine June 6 1933</u>		
19. UNDERTAKER <u>A. Kron L & Co</u> (ADDRESS) <u>2207 W. Arundel Pl</u>		
20. FILED <u>June 5 1933</u> <u>R. W. Dullivan</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 3 (3) 1933

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 5:50 p.m.

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

Myo Carditis Ph.
Chol Coronary sclerosis
with coronary obstructions of P.
Coronary. Membranous occlusion
of A. Coronary near its origin.
 Other contributory causes of importance:
93C
90B

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? _____ 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) John Quinn
 (Address) 3718 Jennings St
St. Louis, Mo.

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.

JUN 23 1933

MAGNIN RESERVED FOR BINDING

V.S. NO. 2

