

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan Registration District No. 85
 Township _____ Primary Registration District No. 1001
 City St. Joseph (No. 615 south 6 street) St. _____ Ward _____

22382

File No. _____
 Registered No. 719

2. FULL NAME August Schuske

(a) Residence, No. 615 south 6 street St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 4 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 31, 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
56 10 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor in Cafe
 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) Wathena
 (STATE OR COUNTRY) Kansas

13. NAME Ernest Schuske

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

15. MAIDEN NAME Mary Trippen

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

17. INFORMANT Rudolph Schuske
 (ADDRESS) Wathena Kansas

18. BURIAL, CREMATION, OR REMOVAL City Cem.
 PLACE St Joseph Mo DATE July 19, 1933

19. UNDERTAKER A. O. Sidenfaden
 (ADDRESS) 1802 Union St St Joseph Mo.

20. JUL 19 1938 John B. Bender
 Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17, 1933

22. I HEREBY CERTIFY, That I visited on attended deceased from July 17, 1933, to _____, 19____
 I last saw him alive on _____, 19____. Death is said

to have occurred on the date stated above, at 6:50 P. m.

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

Pulmonary Emboli Date of onset _____

Other contributory causes of importance:

Fractured Shoulder 10 days ago

Name of operation none Date of _____

What test confirmed diagnosis? Test. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury July 7, 1933

Where did injury occur? no _____
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none fell at home

Nature of injury none fractured shoulder

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify: Forrest Thomas Coroner

(Signed) 801 1/2 Kelly H.D.

(Address) _____

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.

AUG 26 1933

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