

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

Do not use this space.

24437

1. PLACE OF DEATH

County Registration District No. 701
 Township Primary Registration District No. 1008
 City St. Louis (No. 3454^a) Utah St. Ward

File No.
 Registered No. 5791
 St. Ward

2. FULL NAME

(a) Residence, No. 3454^a Utah St., 16 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 Marie Schuster

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 17 - 1870

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
62 7 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brewery Worker

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

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 Leonhard Schuster

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

15. MAIDEN NAME Anderson

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

17. INFORMANT (ADDRESS) Mrs Marie Schuster
3454^a Utah

18. BURIAL, CREMATION, OR REMOVAL PLACE (Address) Walton's Crematory DATE July 4, 1933

19. UNDERTAKER (ADDRESS) Wacker & Elderdie
2331 Broadway

20. FILED 4-3-1933 J. P. Bredek Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1, 1933

22. I HEREBY CERTIFY That I attended deceased from Feb. 10, 1933 to July 1, 1933

I last saw him alive on June 30, 1933 Death is said to have occurred on the date stated above, at 3:15 m.

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

Chronic Valvular heart disease Date of onset
Aortic
Heart prostration
191
 Other contributory causes of importance:
Heart prostration 191

Name of operation Date of
9

What test confirmed diagnosis? Kahn III 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) W. H. Knight, M. D.
 (Address) 640 S. Knight

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.

