

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 791
 Township St. Louis Primary Registration District No. 1203 File No. 24844
 City St. Louis (No. En Route to City Hospital) St. 6255 Ward)

2. FULL NAME

(a) Residence, No. 115 1/2 Frankel St., 16 Ward.
 (Usual place of abode) (If nonresident, give city or town and State)

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

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		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>unknown</u>		
7. AGE	YEARS	MONTHS
<u>act</u>	<u>53</u>	<u>✓</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
<u>Lobner</u>		<u>unknown</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
<u>unknown</u>		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
<u>Massachusetts</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 (ADDRESS)		
<u>Harold W. Schultz, corner office</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE		
<u>Potter Field 7-20 1933</u>		
19. UNDERTAKER (ADDRESS)		
<u>Reath Bros. 3029 Lafayette ave</u>		
20. FILED		
<u>JUL 18 1933</u>		

MEDICAL CERTIFICATE OF DEATH

no physician in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-7-33 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 5³⁰ a. m.

The principal cause of death and related causes of importance were as follows:
Coronary Sclerosis Date of onset 92A 9/27

Other contributory causes of importance:
Arterio Sclerosis

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) Harold W. Schultz M.D.
 (Address) 115 1/2 Frankel St. St. Louis

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

WHITE PERMIT WITH UNFADING INK—THIS IS A PERMANENT RECORD

28
31
31

7/10/33

