

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

Do not use this space.

27487

**1. PLACE OF DEATH**

Country St. Louis Registration District No. 784  
 Township St. Ferdinand Primary Registration District No. 6130  
 City Ferguson (No. 25, Barat Ave. St. \_\_\_\_\_ Ward)

**2. FULL NAME** Charles H. Schraag

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. Quincy, Ill.  
 (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)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Emma C. Schraag</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Nov. 28th, 1872</b>		
7. AGE YEARS <b>60</b>	MONTHS <b>8</b>	DAYS <b>25</b>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Glass Mfg.</b>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <b>Retired</b>	
	10. Date deceased last worked at this occupation (month and year) _____	11. Total time (years) spent in this occupation _____

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug. 23, 1933**

22. I HEREBY CERTIFY, That I attended deceased from Nov. 3, 1931, to Aug. 13, 1933

I last saw him alive on Aug. 13, 1933. Death is said to have occurred on the date stated above, at 9:45 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Carcinoma of prostate with metastases to spine & pelvis.  
 Date of onset \_\_\_\_\_

Other contributory causes of importance: 51

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Biopsy 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) Robert Deakin M. D.  
 (Address) 2701 Westminster Pl.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Illinois**

FATHER

13. NAME **William L. Schraag**

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

MOTHER

15. MAIDEN NAME **Arora Klingingsmith**

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

17. INFORMANT Emma C. Schraag  
 (ADDRESS) Quincy, Ill.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Quincy, Ill. DATE Aug. 24, 1933

19. UNDERTAKER Drehmann Herral  
 (ADDRESS) 1905 Union Blvd.

20. FILED 9-6, 1933 Emma C. Schraag  
 Registrar

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.

SEP 26 1933

W. K. Deakin, 1Pm Sharp

Opera Clinic

Westminster + Spring