

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.

NOV 10 1933

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

Do not use this space.

34452

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 003

City *St. Louis* (No. *Mo. Baptist Hospital*)

File No. 8576

Registered No. 8576

St. Ward

2. FULL NAME *John H. Schieler*

(a) Residence, No. *4572 Pope Ave., St.* 9 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. 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) TYPE OF *Louise Schieler*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan 28, 1879*

7. AGE YEARS *54* MONTHS *8* DAYS *3* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Coal Parser*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *St. Louis High School*

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) *St. Louis Missouri*

FATHER 13. NAME *Henry Schieler*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis Mo.*

MOTHER 15. MAIDEN NAME *Mary Biermann*

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

17. INFORMANT (ADDRESS) *Louise Schieler 4572 Pope Ave.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Friedens* DATE *Oct. 4 1933*

19. UNDERTAKER (ADDRESS) *Math. Hermann Son 2161 East Fair Ave.*

20. FILED *OCT - 2 1933* *J. F. Bredeck Registrar.*

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 4 1933*

22. I HEREBY CERTIFY, That I attended deceased from *Sept 24 1933* to *Oct 1 1933*
I last saw him alive on *Sept 30 1933*. Death is said to have occurred on the date stated above, at *2:00 AM*.
The principal cause of death and related causes of importance were as follows:

Acute Peritonitis Date of onset *9-25-33*
17A
17B
Other contributory causes of importance: *Chronic Gastric Ulcer* *9-24-33*

Name of operation *Laparotomy* *9-26-33*
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) *John W. McDonald*, M. D.
(Address) *539 N. Grand*

