

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

Do not use this space.

38070

1. PLACE OF DEATH

County.....  
Township.....  
City.....

Registration District No. 791  
Primary Registration District No. 1003  
(No. 4235 Deck)

File No.....  
Registered No. 9702  
St..... Ward)

2. FULL NAME

(a) Residence, No. 4235 Deck St. 7 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) WIFE OF Elizabeth Schettle		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 20 - 1881		
7. AGE	YEARS 52	MONTHS 8
	DAYS 18	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mill Work	
	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
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.	
	13. NAME Not known	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D. K.	
	15. MAIDEN NAME Not known	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D. K.	
	17. INFORMANT (ADDRESS) Mrs. Elizabeth Schettle 4235 Deck	
18. BURIAL, CREMATION, OR REMOVAL PLACE: Frieden's DATE: 11/11 1923		
19. UNDERTAKER (ADDRESS) W. H. Stock, Ind. Co. 2117 1/2 9th		
20. FILED 19 2743 90 Grand Bl. Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 8 1923

22. I HEREBY CERTIFY, That I attended deceased from June 1 1926, to Nov 8 1933  
I last saw him alive on Nov 1933 Death is said to have occurred on the date stated above, at 8:45 am.

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

92H  
93 Chr. myocarditis 8 yrs.  
113 Chr. endocarditis  
Other contributory causes of importance:  
3 weeks

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy?.....

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) Arthur J. Mozart, M. D.  
(Address) 2743 90 Grand Bl.

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.

JAN 3 1934

No. 12345  
Fr. 3960

6-8