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

Do not use this space.

3149

File No.

Registered No. 807

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No. 1003

City St. Louis, (No. 3409 Pestalozzi St. St. Ward)

2. FULL NAME Anton Schibig

(a) Residence, No. 3409 Pestalozzi St. 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. 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): Widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Katherine Schibig.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 24, 1846.

7. AGE: Years 87 Months 1 Days 26 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Stable Boss.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired 25 yrs.

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): Switzerland.

FATHER

13. NAME: Dont Know.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know.

MOTHER

15. MAIDEN NAME: Dont Know.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know.

17. INFORMANT (ADDRESS): Mrs. [illegible] 3409 Pestalozzi. St.

18. BURIAL, CREMATION, OR REMOVAL PLACE: SS. Peter & Paul Cem. DATE: Jan. 23, 1934

19. UNDERTAKER (ADDRESS): J. H. Geiken & Co. 2842 Meramec St.

20. FILED [illegible] 19[illegible] J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1934, to Jan 20, 1934. I last saw him alive on Jan 19, 1934. Death is said to have occurred on the date stated above, at 9:00 A. m.

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

Bulbar Paralysis (Pardeysis) — Date of onset 1/10/34

8:1 A

1:2s

Other contributory causes of importance: Senility — 10/1/33

Name of operation: Date of:

What test confirmed diagnosis? Clinical. 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) [illegible], M. D.

(Address) 2924 S. Grand Av.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

FEB 2 1934