

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

Do not use this space.

**791
1003**

22595

1. PLACE OF DEATH

County _____ Registration District No. _____
Township _____ Primary Registration District No. _____
City St. Louis (No. 3856) _____ St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ (Usual place of abode) _____ (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 73 yrs. 11 mos. 26 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Late Albert J. Schramm

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 1 - 1860

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 73 11 26

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

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 _____

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

13. NAME Henry Peoples

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

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Walter J. McLean
(ADDRESS) 2143 Estler St. St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter's Park DATE June 30, 1934

19. UNDERTAKER Frederick J. Mortuaries
(ADDRESS) 4228 So. Kingshighway

20. FILED 29 1934 J. J. Bredek
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27 1934

22. I HEREBY CERTIFY, That I attended deceased from 6/6 1934 to 6/27 1934.
I last saw him alive on 6/27 1934. Death is said to have occurred on the date stated above, at 7:30 m.

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

Coronary atherosclerosis of aorta
Chronic Myocarditis
(Original seat unknown)

Other contributory causes of importance: 46

Name of operation 46 Date of _____

What test confirmed diagnosis? 93 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) W. J. Bredek, M. D.

(Address) City, Mo

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.

MISSOURI STATE BOARD OF HEALTH—THIS IS A PERMANENT RECORD

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