DEC 22 1934

Must be by Coroner — H A Schmieneier

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

Do not use this space.

41531

1. PLACE OF DEATH

County St Louis — Registration District No. 1123 — File No.

Township Carondelet — Primary Registration District No. 6245 G — Registered No. 3956

City ~~Afton~~ (No. Arthur Ave. Afton Mo. St. Ward)

2. FULL NAME Gottfried Schoellhammer

(a) Residence, No. Arthur Ave. Afton Mo. St., Ward. (If nonresident, give city or town and State)
(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.

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: Mary Schoellhammer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 23 - 1846

7. AGE: YEARS 88 — MONTHS 8 — DAYS 21 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Handling
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Machinery
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): Germany.

FATHER

13. NAME: Geo Schoellhammer.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Unknown.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown.

17. INFORMANT (ADDRESS): Bertha Schoellhammer, Arthur Ave Afton Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New St Marcus. DATE 11-14. 1934

19. UNDERTAKER (ADDRESS): Fracker Helderle. 2331 So Bdway.

20. FILED 11-13 1934 B F Tate M D Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 11 - 10 - 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1934, to Nov 11, 1934
I last saw him alive on Sept 1, 1934. Death is said to have occurred on the date stated above, at 10 45 A.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemmorrhage — Date of onset

82 A 97 — 82 a 1

Other contributory causes of importance:

Arterio Sclerosis

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) H A Schmieneier, M. D.
(Address) 6814 Gravois Ave

OK Edward Simmons MD
Clarence Arthur Ave
11/13/34

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.

WHITE PERMANENT, WITH UNFADING INK—THIS IS A PERMANENT RECORD