

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

Do not use this space.

44901

1. PLACE OF DEATH **JAN 7 1935**

791

County.....

Registration District No.....

Township.....

Primary Registration District No. **1003**

City **St. Louis**

(No. **Lutheran Hospital**)

File No.....

Registered No. **12052**

St. .... Ward)

2. FULL NAME **Robert Tschauner**

(a) Residence, No. **2133 A Russell Blvd St., 23** Ward.  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **14 yrs. 11 mos. 28** ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

|                       |                                  |  |
|-----------------------|----------------------------------|--|
| 3. SEX<br><b>Male</b> | 4. COLOR OR RACE<br><b>White</b> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><b>Single</b> |
|-----------------------|----------------------------------|--|

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec. 20, 1919**

| 7. AGE | YEARS     | MONTHS    | DAYS      | IF LESS than 1 day, ..... hrs. or ..... min. |
|--------|-----------|-----------|-----------|--|
|        | <b>14</b> | <b>11</b> | <b>28</b> |  |

|            |  |   |
|------------|--|---|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .... | <b>At School</b>                                      |
|            | 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**

FATHER 13. NAME **Robert Tschauner**

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Bohemia**

MOTHER 15. MAIDEN NAME **Elizabeth Besta**

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Bohemia**

17. INFORMANT **Elizabeth Tschauner**  
(ADDRESS) **2133 A Russell**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Summit Park**, DATE **Dec 21 35**

19. UNDERTAKER **H. B. Mayall**  
(ADDRESS) **1926 Allen**

20. FILED **J. F. Bredeck**  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec 18 1934**

22. I HEREBY CERTIFY, that I attended deceased from **December 12<sup>th</sup> 1934** to **December 18<sup>th</sup> 1934**

I last saw him alive on **December 18<sup>th</sup> 1934** Death is said to have occurred on the date stated above, at **10 P. m.**

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

**Lobar Pneumonia left side**  
**consolidated**

Other contributory causes of importance:

**Bronchial Pneumonia**  
**afterward right side**

Name of operation .....

What test confirmed diagnosis? .....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? .....

Where did injury occur? .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

(Signed) **Dr. Robert Greninger**, M. D.  
(Address) **2124 Russell Ave**

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

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry should be supported by a valid receipt or invoice. This ensures transparency and allows for easy verification of the data.

In the second section, the author outlines the various methods used to collect and analyze the data. This includes both manual and automated techniques. The goal is to ensure that the information gathered is both reliable and comprehensive.

The third part of the report details the results of the analysis. It shows a clear trend of increasing activity over the period studied. This is supported by several key data points and statistical measures.

Finally, the document concludes with a series of recommendations for future work. It suggests that further research should be conducted to explore the underlying causes of the observed trends. This will help in developing more effective strategies to address the issues at hand.