

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.

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

Do not use this space.

OCT 23 1935

30846

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St Louis**

(No. **3331**)

Morris St.

File No.

7631

Registered No.

St.

Ward)

2. FULL NAME **Gustave T Skieland**

(a) Residence, No. **3331**

Erarous Ave St.

16

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yr.

mos.

ds.

How long in U. S., if of foreign birth?

yr.

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 **Alma Skieland**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct 6 1866**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
68	11	3		

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

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) **Augusta Mo.**

13. NAME **Gustave Skieland**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

15. MAIDEN NAME **Elise Roemer**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT **Alma Skieland**
(ADDRESS) **3331 Erarous Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Park Lawn** DATE **Sept 12 1935**

19. UNDERTAKER **Biederweiden funeral Home**
(ADDRESS) **1936 St. Louis Ave.**

20. FILED **11 1935** 19 **JT Predeck**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 9 1935**

22. I HEREBY CERTIFY, That I attended deceased from **April 16 1935** to **Sept 7 1935**

I last saw him alive on **Sept 7 1935** Death is said to have occurred on the date stated above, at **8:15 P** m.

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

Heart disease (Coronary disease)

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? **Autopsy** 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? **No**

If so, specify.....

(Signed) **New Luther**, M. D.

(Address) **St. Louis, Mo**

Claymont Bldg.

