

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.

'JAN 21 1936

40844

1. PLACE OF DEATH

County St. Gen Registration District No. 780  
Township St. Genevieve Primary Registration District No. 6025  
City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 64

2. FULL NAME

Nicholas A. Schuent

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ 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) married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 8 1875  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
58 11 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer  
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. Genevieve Mo  
Missouri

13. NAME Nicholas Schuent

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

15. MAIDEN NAME Therisia Haass

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Genevieve Mo  
Missouri

17. INFORMANT (ADDRESS) Joseph J. Schuent  
St. Genevieve Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Wentworth Mo DATE Dec 6 35  
19

19. UNDERTAKER (ADDRESS) W. C. Baer  
St. Genevieve Mo

20. FILED Dec 5 1935 T. W. Douglas  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 3 19 35

22. I HEREBY CERTIFY, That I attended deceased from Nov. 3 1935 to Dec 3 1935  
I last saw him alive on Dec 3 1935 Death is said to have occurred on the date stated above, at 6:15 p.m.  
The principal cause of death and related causes of importance were as follows:

Pericarditis

Other contributory causes of importance: None

Name of operation None 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? No  
If so, specify \_\_\_\_\_  
(Signed) B. J. Gelpowski M. D.  
(Address) St. Genevieve Mo

