

JAN 13 1936

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH: 791

Do not use this space.

41662

1. PLACE OF DEATH

County .....

Registration District No. 1003

Township .....

Primary Registration District No. 6

City St. Louis

(No. 6203 Michigan St. 1 Ward)

File No. ....

Registered No. 10906

2. FULL NAME

Stefan Schachameyer

(a) Residence, No. 6203 Michigan St., 1 Ward.

(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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
78 5 18

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Building

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) Chester, Ill.  
(STATE OR COUNTRY)

13. NAME Fred Schachameyer

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

15. MAIDEN NAME Susanne Kalbfleisch

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

17. INFORMANT Anna Schachameyer  
(ADDRESS) 6203 Michigan Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Concordia Cem. DATE Dec. 26 1935

19. UNDERTAKER Heiderwiden Funeral Home  
(ADDRESS) 1926 N. 7th Ave.

20. FILED DEC 24 1935 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 22 1935

22. I HEREBY CERTIFY That I attended deceased from Dec 18 1935 to Dec 22 1935

I last saw him alive on Dec 22 1935 Death is said to have occurred on the date stated above, at 11:30 P.M.

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

Cerebral Hemorrhage

Other contributory causes of importance: Arteriosclerosis

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 .....

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? Yes

If so, specify J. M. T. Adams, M. D.

(Signed) J. M. T. Adams (Address) 5832 E. 12th

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.

