

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.

JAN 13 1936

**791
1003**

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1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis (No. 3023, Barley Ave)..... St. Ward.....

File No.....
Registered No. 10941

2. FULL NAME

(a) Residence, No. 3023 Barley Ave, St. 10 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>	
		5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Emelia Schomburg</u>	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 18-1851</u>			
7. AGE	YEARS <u>84</u>	MONTHS <u>3</u>	DAYS <u>6</u>
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Grocer</u>		
	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) <u>Germany</u>			
FATHER	13. NAME <u>Not known</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
MOTHER	15. MAIDEN NAME <u>Not known</u>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT (ADDRESS) <u>Nathaniel G. Kuntz 3023 Barley Ave</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bellefontaine</u> DATE <u>Dec. 26, 35</u>			
19. UNDERTAKER (ADDRESS) <u>A. Krow & Co. 2707 N. Grand, 139</u>			
20. FILED <u>12-26</u> 19 <u>35</u> <u>J. T. Bredeck</u> Registrar.			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 18, 1935, to Dec 24, 1935.
I last saw him alive on Dec 23, 1935. Death is said to have occurred on the date stated above, at 2:15 p. m.
The principal cause of death and related causes of importance were as follows:
Bronchopneumonia
followed Bronchitis
Antrosclerosis
Heart disease

Other contributory causes of importance:
Antrosclerosis
Heart disease

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? no

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) Frank V. Nicks, M. D.
(Address) 3500 N. Grand

