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

MAR 24 1936

Do not use this space.

7054

1. PLACE OF DEATH
County: Osage
Township: Jackson
City: (No. St. Ward)

Registration District No.: 641
Primary Registration District No.: 5850

File No.: 7
Registered No.:

2. FULL NAME: Albert Schlief

(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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr 24 - 1854

7. AGE: Years 81 | Months 9 | Days 28 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired 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: Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

FATHER
13. NAME: Fritz Schlief
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Sybilly Coemen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Clara Schlief 5084 Lotus Ave St Louis Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Calvary Cem St Louis DATE: Feb 28, 1936

19. UNDERTAKER (ADDRESS): Herman H Stroj

20. FILED: Feb 27, 1936 Robert Prater, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2 - 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1936, to Feb 27, 1936
I last saw him alive on Feb 18, 1936. Death is said to have occurred on the date stated above, at 5 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General Debility	

Other contributory causes of importance:
Uremia
Cirrhosis of Liver

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) H. G. Sacenberg, M. D.
(Address) Arpelia, Mo.