MAR 9 1936

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

Do not use this space.

8696

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123 — File No.

Township Jefferson Barracks — Primary Registration District No. 6248 B — Registered No. 71

City (No. Veterans Administration Facility St. Ward)

2. FULL NAME SCHAUB, Herman A.

(a) Residence, No. 1522 Pine Street St., Ward. St. Louis, Missouri
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Un yrs. kno mos. wn ds. How long in U. S., if of foreign birth? - yrs. - mos. - ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 27, 1889

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	46	5	19	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) Uunavailable

11. Total time (years) spent in this occupation Unavail.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

FATHER

13. NAME Unavailable

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

MOTHER

15. MAIDEN NAME Unavailable

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

17. INFORMANT (ADDRESS) M. Schellig Clinical Clerk Vet. Adm. Facility, Jeff. Brks., Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE National Cem. DATE 2-20- 1936

19. UNDERTAKER (ADDRESS) C. Hoffmeister U. L. Co. 7814 So. Broadway

20. FILED Feb 19 1936 G Mowry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from February 14, 1936, to February 16, 1936 19

I last saw him alive on February 16, 1936, 19 Death is said to have occurred on the date stated above, at 10:50 a. m.

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

	Date of onset
Arteriosclerosis with marked coronary artery sclerosis and Myocarditis, chronic	Unkn.
Other contributory causes of importance: Diabetes mellitus	Unkn.

Name of operation None Date of

What test confirmed diagnosis? Phy. exam. clinical manifestations Was there an autopsy? Yes x-ray and lab. findings, and autopsy finding

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?

If so, specify

(Signed) C. W. HUGHES, M.D., Chief Med. Officer

(Address) Vet. Adm. Facility, Jeff. Brks., Mo.

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.

MAR 4 1954