

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

*X Spongiosoblastoma*  
**SEP 18 1936**

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

Do not use this space.

29930

**1. PLACE OF DEATH**

County Buchanan Registration District No. 85  
 Township \_\_\_\_\_ Primary Registration District No. 1001  
 City St. Joseph (No. St. Joseph's Hospital)

File No. \_\_\_\_\_  
 Registered No. 1033  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Ferdinand Schagg

(a) Residence, No. 2205 Locust St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)

Length of residence in city or town where death occurred 34 yrs. = mos. = ds. How long in U. S., if of foreign birth? 34 yrs. = mos. = ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 10 1936

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 2 1936, to Aug 10 1936, 1936  
 I last saw him alive on Aug 01 1936 Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 11, 1876

to have occurred on the date stated above, at 4:30 P.M.  
 The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
60 6 29

X Spongiosoblastoma  
multifacete  
(left cerebri)

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Jamison Machine Co.  
 10. Date deceased last worked at this occupation (month and year) 1935  
 11. Total time (years) spent in this occupation 25 Yrs

Other contributory causes of importance:  
Cerebral Edema

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Hungary

Date of onset May 1936  
Cerebral Edema  
8/10/36

FATHER  
 13. NAME Mike Schagg

Name of operation Cerebral Exploracion Date of 8/7/36  
 What test confirmed diagnosis? autopsy Was there an autopsy? Yes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Austria Hungary

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.

MOTHER  
 15. MAIDEN NAME Unknown

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Hungary Austria Hungary

24. Was disease or injury in any way related to occupation of deceased? NO  
 If so, specify \_\_\_\_\_

17. INFORMANT Mrs. Anna Schagg  
 (ADDRESS) 2205 Locust Str. St. Joseph, Mo.

(Signed) J. P. Reel M. D.  
 (Address) St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joseph, Mo. DATE August 12, 1936  
Mt. Olivet Cemetery

19. UNDERTAKER H. O. Sidenfaden  
 (ADDRESS) 1802 Union Str. St. Joseph, Mo.

20. FILED Aug 11, 1936 A. J. Metzger  
 Registrar.

1951  
2 1951

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

Do not use this space.

**1. PLACE OF DEATH**

County Buchanan Registration District No. 85 File No. \_\_\_\_\_  
 Township \_\_\_\_\_ Primary Registration District No. 1001 Registered No. 1033  
 City St. Joseph (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Ferdinand Schaez  
 (a) Residence, No. \_\_\_\_\_ St., \_\_\_\_\_ Ward. (If nonresident, give city or town and State)  
 (Usual place of abode)

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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 10, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

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

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min. 60 6 29

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

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

Spongioblastoma multiform left cerebrum malignant yes - quick  
 Date of onset \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

Other contributory causes of importance: Cerebral Edema

13. NAME \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

15. MAIDEN NAME \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) \_\_\_\_\_

Manner of injury \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE \_\_\_\_\_ DATE \_\_\_\_\_, 19\_\_\_\_

Nature of injury \_\_\_\_\_

19. UNDERTAKER (ADDRESS) \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

20. FILED Aug 11, 1936 J. H. Ryan Registrar

If so, specify \_\_\_\_\_ (Signed) J. H. Ryan, M. D.  
 (Address) St. Joseph, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**TEMPORARY**

29930