

SEP 15 1936

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

Do not use this space.

32606

1. PLACE OF DEATH

County.....
Township.....
City..... **St. Louis**

Registration District No. **791**
Primary Registration District No. **1003**
(No. **St. Johns Hospital**)

File No.....
Registered No. **8478**
St. Ward)

2. FULL NAME **Frank J. Schloemer**

(a) Residence, No. **3729 Utah Pl.**, St., **16** Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Manager of Stock Room**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 30, 1889**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 1 13

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Gr., Stock Room**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Chas Monroe Co.**
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) **Mo.**

FATHER 13. NAME **Frank J. Schloemer**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo.**

MOTHER 15. MAIDEN NAME **Agnes Wieggers**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo.**

17. INFORMANT **Mrs Agnes Schloemer**
(ADDRESS) **3729 Utah Pl**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Calvary Cem** DATE **Aug 15 1936**

19. UNDERTAKER **Myllen Und Co**
(ADDRESS) **516 1/2 Deloy St**

20. FILED **AUG 14 1936** **J. Breddeck**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug 13, 1936**

22. I HEREBY CERTIFY, That I attended deceased from **20th Precinct - attendance**....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at **9:30** m.

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

Fract. 1st Lumbar Vertebra with compression of cord, localized meningitis (Type unknown) in region of fracture rock when he fell from ladder in place of business.

Other contributory causes of importance: **1860**

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide **Accid.** Date of injury **7/13, 1936**

Where did injury occur? **St. Louis Mo.**
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. **Industry**

Manner of injury **Fall**
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **No**
If so, specify.....

(Signed) **J. Breddeck**, M.D.
(Address).....

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.

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