

DEC 3 1936

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

Do not use this space.

43008

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis

(No. City Hospital No. 1)

File No.....

Registered No. 11583

B. 12177

Justus Schaumburg

St. Ward)

2. FULL NAME

(a) Residence, No. 2000 Gravois St., 23 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 Emma Schaumburg

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 27, 1857

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. or min.
80 79 9 24

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

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

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) Missouri

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Hosp. Info. M.H. Kent (ADDRESS) City Hospital No. 1

18. BURIAL, CREMATION, OR REMOVAL PLACE New St Maxima Nov. 24, 1936

19. UNDERTAKER J. A. Gelpens (ADDRESS) 2629 Gravois

20. FILE NOV 23 1936 J. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/21/36

22. I HEREBY CERTIFY, That I attended deceased from 11/19/36 to 11/21/36

I last saw him alive on 11/21/36, 19..... Death is said to have occurred on the date stated above, at 12.45p

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

Carcinoma of colon
Generalized peritonitis
Other contributory causes of importance: H&C

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury.....
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) William S. Bradenwald M. D.
(Address) City Hospital No. 1

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.

