

WRITE PLAINLY WITH UNWEARING 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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH
FEB 8 1937

Do not use this space.

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **S t. Louis, Mo.** (No. **4135 Green Lea Place**) St. **482** (Ward)

2. FULL NAME **Julius W. Schuster**

(a) Residence, No. **4135 Green Lea Place**, **10** Ward. (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 **Minnie Schuster**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 8th, 1884**

7. AGE YEARS **52** MONTHS **9** DAYS **3** If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **W. F. Schuster**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Bookbinder 55**
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) **St. Louis, Mo.**

FATHER 13. NAME **Wm. Schuster**

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

MOTHER 15. MAIDEN NAME **Annie Schlingmann**

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

17. INFORMANT **Minnie Schuster**
(ADDRESS) **4135 Green Lea Place**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Johns Cem** DATE **1-13-37**, 19.....

19. UNDERTAKER **Henry Leidner**
(ADDRESS) **1717 N. Market St**

20. FILED **JAN 12 1937**
J. P. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **1-11-37**, 19.....

22. I HEREBY CERTIFY, That I attended deceased from **Jan 7th**, 19**37**, to **Jan 11th**, 19**37**.
Last saw him alive on **Jan 11th**, 19**37**. Death is said to have occurred on the date stated above, at **6:05 a.m.**
The principal cause of death and related causes of importance were as follows:

John Quinlan
Dr. G. J. G. G.
Date of case: **Jan 25 1937**

Other contributory causes of importance: **Chronic Myocarditis**

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

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? **1**
If so, specify.....
(Signed) **Paul P. Kelly**, M. D.
(Address) **3411 St. Louis Ave. St. Louis, Mo.**

Dr. J. L. L.