MAR 5 - 1937

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

Do not use this space.

1. PLACE OF DEATH

County ( ) Registration District No. 791 File No. 8838

Township Primary Registration District No. 1003 Registered No. 2528

City St. Louis, (No. City Hospital No. 1 St. Ward)

B. 13103

2. FULL NAME Charles Schmalenbach

(a) Residence, No. 2820 Nebraska St., 24 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	white	married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 17, 1868

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
68	11	8	

OCCUPATION

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

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

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, Missouri

FATHER

13. NAME ? Schmalenbach

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

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany ?

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

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Matthew DATE Feb 27, 19 37

19. UNDERTAKER Thos Kutis
(ADDRESS) 2906 Gravois Ave

20. FILED FEB 26 1937, 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/25/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 12/9/36, 19, to 2/25/37, 19 I last saw him alive on 2/25/37, 19 Death is said to have occurred on the date stated above, at 7 a.m. 20 p

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

	Date of onset
Urethral structures, Acquired, G.C.	P
Perinephrical abscess	12/9/37
Pyelonephritis	12/18/37

Other contributory causes of importance: 35 lb

Name of operation Incision & drainage of abscess Date of 12/21/37

What test confirmed diagnosis? Clinical Was there an autopsy? no

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) Thos W. Lowe, M. D.

(Address) City Hospital No. 1

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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