APR 9 1937

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

Do not use this space.

791

9967

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 9967

Township ..... Primary Registration District No. ..... Registered No. 2527

City St Louis Mo (No. 2610, California St. ..... Ward)

2. FULL NAME Paul Thomas Scheve

(a) Residence, No. 2610 California St., 23 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

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-25-1937

7. AGE: YEARS — MONTHS — DAYS 7 — If LESS than 1 day, ... hrs. or ..... min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

FATHER
13. NAME Herman Scheve
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Catawissa Mo

MOTHER
15. MAIDEN NAME Margaret C Timlin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Catawissa Mo

17. INFORMANT (ADDRESS) Herman Scheve 2610 California

18. BURIAL, CREMATION, OR REMOVAL
PLACE Catawissa Mo DATE 3-5 1937

19. UNDERTAKER (ADDRESS) Rowland Mortuary Inc. 4355 Washington

20. FILED MAR 4 1937 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-25, 1937, to 3-5, 1937

I last saw him alive on 3-5, 1935. Death is said to have occurred on the date stated above, at 12 30 A m.

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

Icterus neonatorum — Date of onset 3-1-35

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? no 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) L. A. Paul Stein, M. D.

(Address) 2711 Gravois

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.

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