

AUG - 5 1937

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

Do not use this space.

1. PLACE OF DEATH

County
Township
City St. Louis, Mo. (No. 791
1003) Registration District No. 791
1003 Primary Registration District No. 791
1003 File No. 25999
Registered No. 7173 St. _____ Ward _____

2. FULL NAME

Paul Schoers,

(a) Residence, No. City Infirmary, St. Hospital 13 (If nonresident, give city or town and State)
(Usual place of abode) 5800 Arsenal St. (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) Divorced.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 18, 1885.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hra. ormin.
<u>1885</u>	<u>51</u>	<u>11</u>	<u>4</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Photo Engraver & Draftsman.

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

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Brussels,
(STATE OR COUNTRY) Belgium.

13. NAME ?

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

15. MAIDEN NAME ?

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

17. INFORMANT E. Volony,
(ADDRESS) 5800 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL CITY CREMATORY DATE 7-28-37

19. UNDERTAKER J. Ryan
(ADDRESS) City of St. Louis

20. FILED J. J. Predeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 22, 1937, to July 22, 1937

I last saw him alive on July 22, 1937. Death is said to have occurred on the date stated above, at 12:25 P.M.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Coronary Occlusion

Date of onset

7-22-37

Other contributory causes of importance:

Name of operation none Date ofWhat 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) Wm. J. Florschütz, M. D.(Address) 5800 Arsenal

JUL 20 1937

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.

WHITE PLAIN, WITH TABERNULAR INFORMATION, I X7044

