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.

AUG 30 1937

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

Do not use this space.

File No. 28427
Registered No. 157

1. PLACE OF DEATH
County St. Louis
Township Jefferson
City Richmond Heights (No. 7414 Harter St. Ward)

Registration District No. 1170
Primary Registration District No. 6248-H.

2. FULL NAME Frederick Schaaf
(a) Residence, No. 7414 Harter St., 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 Cornelia Schaaf

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 8, 1861

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
76	4	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stationary
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) Milwakee, Wis.

FATHER
13. NAME Jacob Schaaf
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Elizabeth Ralph
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT Edna Hilkesbaumer
(ADDRESS) 7414 Harter Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peters DATE July 19, 1937

19. UNDERTAKER Robert J. Ambruster
(ADDRESS) Clayton Road at Concordia

20. FILED July 19, 1937. Sam A. Bassett
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7:00 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis.	

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Medical History 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? No.
If so, specify

(Signed) John O. Campbell M. D.
(Address) Coroner, St. Louis C.