

OCT 18 1937

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

Do not use this space.

1. PLACE OF DEATH

County Callaway Registration District No. 104
Township Fulton Primary Registration District No. 3008
City Fulton (No.) St. Ward

File No. 33834
Registered No. 2216

2. FULL NAME

Otto Herman Schalk

(a) Residence, No. St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 4 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 5, 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 0 19

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

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

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Litchfield, Ill.

13. NAME F. R. Schalk

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

15. MAIDEN NAME Caroline Wimmerberg

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

17. INFORMANT (ADDRESS) Hospital Records, Fulton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Litchfield Ill DATE 9-27, 1937

19. UNDERTAKER (ADDRESS) Cullen & Kelly, 1716 N. Taylor, St. Louis, Mo.

20. FILED Sept 24, 1937 R. T. Crews Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 12, 1937, to Sept 29, 1937

I last saw him alive on Sept 29, 1937. Death is said to have occurred on the date stated above, at 9:30 a.m.

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

Arteriosclerotic Heart Disease
95%
Date of onset O.K.

Other contributory causes of importance:

Bronchopneumonia
Self Starvation
9/22/37

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

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) Jos. R. Mulvey, M. D.
(Address) Fulton, Mo

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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