

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

1307
Do not use this space.

1791
1003

Registered No. 1163

1. PLACE OF DEATH **FEB 12 1938**

(a) County Registration District No.
 (b) Township Primary Registration District No.
 (c) City **St. Louis, Mo.** (d) Street No. **St. Johns Hospital** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. L mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Alfred Schlottach 432**

(a) Residence, No. St. **NR** **Owensville, Missouri**
 (Usual place of abode, if no street address, write county or city) (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) **Single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **January 12th, 1917**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
21 0 19

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Scholar**

9. Industry or business in which work was done, as saw mill, bank, etc. **Business College**

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation **1 Yr**

12. BIRTHPLACE (CITY OR TOWN) **Owensville, Missouri**
 (STATE OR COUNTRY)

FATHER 13. NAME **Leo Schlottach**

14. BIRTHPLACE (CITY OR TOWN) **Owensville, Missouri**
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **Lida Paasch**

16. BIRTHPLACE (CITY OR TOWN) **Owensville, Missouri**
 (STATE OR COUNTRY)

17. INFORMANT **Leo Schlottach**
 (ADDRESS) **Owensville, Missouri**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Owensville, Mo** DATE **February 3, 1938**

19. FUNERAL DIRECTOR **Albert H. Hoppe Inc.,**
 (ADDRESS) **429 N. Euclid Avenue**

20. FILED **JAN 31 1938**
J. J. Bredeck
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **January 31st, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 29th**, 1938, to **Jan 31st**, 1938.

I last saw him alive on **Jan 30th**, 1938. Death is said to have occurred on the date stated above, at **2** M.A.M.

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

Endocarditis, chronic

Other contributory causes of importance:
Nephritis acute, triplecivida

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

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 **Robert Wisner**, M. D.
 (Signed) (Address) **990 Grand St**

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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H. J. O'Brien
2-5-84

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed Albert W. Kappel
Licensed Embalmer No. 1861

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)