

REC'D MAR 14 1938

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

4527

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. 791
 (b) Township Primary Registration District No. 1003
 (c) City St. Louis (d) Street No. 2231 Chouteau Avenue 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. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Theodore F. von Schoettler 346
 (a) Residence, No. 2231 Chouteau Ave St. 27 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 25, 1861

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
77 0 6

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Shoes - Retail
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Genevieve, Missouri (STATE OR COUNTRY)

13. NAME Charles Schoettler

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

15. MAIDEN NAME Caroline Buthert

16. BIRTHPLACE (CITY OR TOWN) Baden, Germany (STATE OR COUNTRY)

17. INFORMANT Henry Schoettler (ADDRESS) 2231 Chouteau Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Genevieve, Mo. DATE 2/3 1938

19. FUNERAL DIRECTOR Thomas J. Finnan (ADDRESS) 1519 So. Grand

20. FILED FEB 1 1938 J. F. Bredeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1938, to Jan 31, 1938.
 I first saw him alive on July 31, 1935. Death is said to have occurred on the date stated above, at 1:30 p.m.

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

Acute Coronary Thrombosis Date of onset Jan 30-31

Other contributory causes of importance: Chronic Myocarditis 2

Name of operation Date of
 What test confirmed diagnosis? 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) St. Louis Schuchat, M. D.
 (Address) 2200 Chouteau av.

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.

STATEMENT BY LICENSED EMBALMER

I, John Ketter, Licensed Embalmer No. 3880

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed John Ketter

Licensed Embalmer No. 3880

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.)