

REC'D MAR 15 1938

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

Do not use this space.

1. PLACE OF DEATH

County *Cape Girardeau*Registration District No. *125*

Township

Primary Registration District No. *3009*City *Cape Girardeau* (No. *St. Francis Hospital*)File No. *6332*Registered No. *71*

St. Ward

2. FULL NAME

(a) Residence, No. *Richard John Schloss* 420
(Usual place of abode)

St. Ward.

(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)

Single

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

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

Nov 30, 1910

7. AGE

YEARS *27*MONTHS *2*DAYS *25*

If LESS than 1 day, hrs. or min.

OCCUPATION

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

farmer

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

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)

Jackson mo

FATHER

13. NAME

Louis Schloss

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

New Wells mo

MOTHER

15. MAIDEN NAME

Matilda Bingenheim

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

Uniontown mo

17. INFORMANT

Albert Schloss

(ADDRESS)

Jackson mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Jackson mo

DATE

Feb 27, 1938

19. UNDERTAKER

(ADDRESS)

*Maack - Wilson - Stettin
Jackson mo*

20. FILED

2-25-38 J.M. Thompson

Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb 25, 1938*

22. I HEREBY CERTIFY, That I attended deceased from

*Feb 18, 1938, to Feb 29, 1938*I last saw him alive on *Feb 24, 1938*. Death is saidto have occurred on the date stated above, at *3:45 a.m.*

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

*Lobar Pneumonia*Date of onset *Feb 21*

Other contributory causes of importance

*Tracheitis & pleurisy**Feb 18*

Name of operation

Date of

What test confirmed diagnosis *autopsy* 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) *D.D. Schubert* M. D.(Address) *Jackson 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.

