

REC'D JUN 7 1938

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

19482

Do not use this space.

1. PLACE OF DEATH

(a) County St Louis Registration District No. 784
 (b) Township Bonhomme Primary Registration District No. 106 Registered No. 828
 (c) City Kirkwood (d) Street No. 424 West Monroe Ave 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 William August Schacht

(a) Residence, No. 424 West Monroe Ave St. (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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 23 1863

7. AGE YEARS 74 MONTHS 10 DAYS 14 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
 9. Industry or business in which work was done, as 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) Illinois13. NAME Unknown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Lizzie Engle16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT (ADDRESS) Francis Schacht
424 W Monroe Ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE Old St Marcus DATE 5-10-3819. FUNERAL DIRECTOR (ADDRESS) Louis H Bopp
131 W Argonne Dr Kirkwood Mo20. FILED 5-9 1938 G. R. Meyer M.D. M.P.H.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7 193822. I HEREBY CERTIFY, That I attended deceased from Sept 22 1927 to May 7 1938I last saw him alive on May 7 1938 Death is said to have occurred on the date stated above, at 12⁰⁰ P.M.

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

Aortic Atherosclerosis - Marked
Coronary Arteriosclerosis

Date of onset

Other contributory causes of importance: 94 1/2Name of operation None Date of _____What test confirmed diagnosis? Typical X-ray Was there an autopsy? No23. 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) Francis Schacht, M. D.(Address) 131 W Argonne Dr

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 M. Meyer, Licensed Embalmer No. 3288
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 M. Meyer
Licensed Embalmer No. 3288

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.)