

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

26501  
Do not use this space.

## 1. PLACE OF DEATH

(a) County St. Louis, Registration District No. 784  
(b) Township..... Primary Registration District No. 111 Registered No. 1288  
(c) City Richmond Heights (d) Street No. New St., Mary's 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. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James Schott

(a) Residence, No. 2251 Missouri 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

## MEDICAL CERTIFICATE OF DEATH

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) Dec. 12, 1932.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
5 7 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At school  
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) St. Louis, Mo.

FATHER 13. NAME Herman Schott

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

MOTHER 15. MAIDEN NAME Elizabeth Noll

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

17. INFORMANT Herman Schott  
(ADDRESS) 2251 Missouri Ave.

18. BURIAL, CREMATION, OR REMOVAL  
New SS. Peter & Paul DATE July 30, 1938

19. FUNERAL DIRECTOR J. H. Gubben & Co.  
(ADDRESS) 2842 Meameo St.

20. FILED JUL 28 1938  
D. R. Meyer, M. D., P. H. C.  
Local Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/28, 1938

22. I HEREBY CERTIFY, That I attended deceased from 7/11, 1938, to 7/28, 1938

I last saw him alive on 7/27, 1938. Death is said to have occurred on the date stated above, at 6:00 m.

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

Generalized peritonitis from ruptured appendix  
Concurrent OHS  
Bilateral OHS

Date of onset

7/14/38

7/27

7/27

Other contributory causes of importance:  
Enteritis (Ulcerative Colitis)

7/8/38

Name of operation appendectomy Date of 7/12/38  
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) E. H. Hamilton, M. D.

(Address) St. Mary's Hospital

STATEMENT BY LICENSED EMBALMER

I, Herman A. Gebken, Licensed Embalmer No. 2120

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

Herman A. Gebken

Licensed Embalmer No. 2120

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