

REC'D SEP 12 1938

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS **791**
 CERTIFICATE OF DEATH **1008**

26914.

Do not use this space.

6928

1. PLACE OF DEATH

(a) County..... Registration District No.....
 (b) Township..... Primary Registration District No..... Registered No.....
 (c) City St. Louis, Missouri (d) Street No. City Sanitarium 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 55 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Charles Schad, Sr.

(a) Residence, No. 6817 Nashville St. **4**
 (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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 19, 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 2 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Blacksmith
 9. Industry or business in which work was done, as saw mill, bank, etc. Blacksmith
 10. Date deceased last worked at this occupation (month and year) 1928 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Orleans, Louisiana

FATHER 13. NAME Christ Schad

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

MOTHER 15. MAIDEN NAME Elizabeth Ripple

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

17. INFORMANT Dr. Gansloser
 (ADDRESS) 5400 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL St. Paul Churchyard - DATE August 6, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) CROGHAN UND. CO. INC. - 7116 MANCHESTER AVE -

20. FILED AUG 4 1938 J. P. Buehler Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 3, 1938 19

22. I HEREBY CERTIFY, That I attended deceased from 7-1-38, 19, to 8-3-38, 19,

I last saw him alive on 8-3-38, 19. Death is said

to have occurred on the date stated above, at 9:55 P.M.

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

Acute Cardiac failure 8-3-38 Date of onset

Chr. myocarditis

Other contributory causes of importance:

Hypertension 7-1-38x

Arteriosclerosis 7-1-38x

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?.....

If so, specify.....

(Signed) W. Gansloser, M. D.

(Address) 5400 Arsenal

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Francis Williamson

or by

me

Registered Apprentice No....., working under my personal supervision.

Signed

Francis Williamson

Licensed Embalmer No.....

3565

P. O. Address

7146 Manchester

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.)

If this body is not embalmed, above space should be left blank.