

REC'D SEP 21 1938

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

Do not use this space.

1. PLACE OF DEATH

County *St. Louis*

Township *Washington*

City *St. Louis*

Registration District No. *261*

Primary Registration District No. *5360B*

File No. *28765*

Registered No. *20*

2. FULL NAME

(a) Residence, No. *John Schavalm*

(Usual place of abode)

St. *451*

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) *Widowed*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Apr 21 1849*

7. AGE

YEARS *89*

MONTHS *3*

DAYS *18*

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) *Canada*

MOTHER FATHER

13. NAME *John Schavalm*

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

15. MAIDEN NAME *Not known*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Not known*

17. INFORMANT (ADDRESS) *Andrew Schavalm, Chestnut St. Mo.*

18. BURIAL, CREMATION, OR REMOVAL *Funeral*

DATE *Aug 10 1938*

19. UNDERTAKER (ADDRESS) *Stephensville Mo.*

20. FILED *8-10*

19. *38*

R. E. Summers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *8/8/38*

22. I HEREBY CERTIFY, That I attended deceased from *6/14* 19. *38* to *7/29/38*, 19. *38*

I last saw him alive on *7/29/38*, 19. *38* Death is said

to have occurred on the date stated above, at *3 P.* m.

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

Organic disease of heart Date of onset *about 1934*

Rheumatism

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? *Clinical* 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) *D. J. Perkinson*, M. D.

(Address) *Clarke Dale, 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.

