

JUN 12 1939

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

17427
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **781**
 (b) Township..... Primary Registration District No. **1008**
 (c) City..... **St. Louis, Mo.** (d) Street No. **5267 Beacon Ave.** St. **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 **Albert H. Schiermeyer,**

(a) Residence, No. **5267 Beacon Ave.,** St. **7** (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 **Bertha Schiermeyer**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct. 4th, 1879**
 7. AGE YEARS **59** MONTHS **7** DAYS **25** If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Maintenance Man**
 9. Industry or business in which work was done, as saw mill, bank, etc. **St. Louis Steel Const. Co.**
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **5-29** 19**39**
 22. I HEREBY CERTIFY, That I attended deceased from **Dec 10** 19**38** to **May 29** 19**39**
 I last saw him alive on **May 29** 19**39** Death is said to have occurred on the date stated above at **11:30 P.** m.
 The principal cause of death and related causes of importance were as follows:

Myocardial Failure Date of onset **5/29**
Chronic Coronary **5/25**
Chronic Nephritis
Hypertension ?

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) **Belleville, Ills.** (STATE OR COUNTRY)

FATHER 13. NAME **William Schiermeyer,**

14. BIRTHPLACE (CITY OR TOWN) **Belleville, Ills.** (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **Louise Brantmeier.**

16. BIRTHPLACE (CITY OR TOWN) **Illinois;** (STATE OR COUNTRY)

17. INFORMANT **Mrs. Bertha Schiermeyer,** (ADDRESS) **5267 Beacon Ave.,**

18. BURIAL, CREMATION, OR REMOVAL **New Bethlehem Cem June 1st 39**

19. FUNERAL DIRECTOR (NAME) **Henry Leidner Und. Co** (ADDRESS) **1417 N. Market Street.**

20. FILED **J.P. Brudeck** Local Registrar

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

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 **None**
 (Signed) **Harry K. Kottelhoff** M. D.
 (Address) **2739 N Grand**

MAY 31 1939

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.

2743 N. Lincoln
St. Louis
9-11-1911

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

Signed John P. Bushholz
Licensed Embalmer No. 1674
P. O. Address 2323 St. Louis Co

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.