

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

PLACE OF DEATH

County _____

Township _____

or

Village _____

or

City St. Louis

Registration District No. 791

File No. 43305

Primary Registration District No. 1003

Registered No. 11221

(NO. W. Virginia Bros Hospital 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME William Schachtli

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Married
(Write the word)

DATE OF DEATH Dec 22, 1911
(Month) (Day) (Year)

DATE OF BIRTH July 15, 1862
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Nov. 30, 1911, to Dec 22, 1911, that I last saw him on Dec 17, 1911, and that death occurred, on the date stated above, at 4 1/2 p.m. The CAUSE OF DEATH* was as follows:

AGE 49 yrs. 5 mos. 7 ds. If LESS than 1 day, ___ hrs. or ___ min.?

Paralysis

OCCUPATION (a) Trade, profession, or particular kind of work Teacher
(b) General nature of industry, business, or establishment in which employed (or employer) Brewery

Contributory Hemiplegia

BIRTHPLACE (City or town, State or foreign country) Bermyng

NAME OF FATHER William Schachtli

BIRTHPLACE OF FATHER (City or town, State or foreign country) Bermyng

MAIDEN NAME OF MOTHER Don't know

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Bermyng

(Signed) Larry Greensfelder M. D.
Dec 22, 1911 (Address) 807-3 Maple St. St. Louis

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

(Informant) Joseph Schachtli

At place of death ___ yrs. ___ mos. 10 ds. In the State ___ yrs. ___ mos. 10 ds.

(ADDRESS) 8203 Virginia Ave.

Where was disease contracted if not at place of death?

Former or usual residence 8703 Virginia Ave.

Filed DEC 23 1911 Max B. Stackloff REGISTRAR

PLACE OF BURIAL OR REMOVAL St. Olive DATE OF BURIAL Dec 24, 1911

UNDERTAKER Southman Co ADDRESS 7315 So. Broadway

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.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sar-*

coma, etc., of _____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)



Physicians should state exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH

PLACE OF DEATH

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

County _____ Registration District No. 791 File No. _____
Township _____ or _____
Village _____ or _____
City St Louis (NO. Alexian Bros Hosp) (Ward) _____
Primary Registration District No. 1003 Registered No. 11221

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Killian Schachtli

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX M COLOR OR RACE W SINGLE MARRIED WIDOWED OR DIVORCED M
(Write the word)
DATE OF BIRTH July 15 1862
(Month) (Day) (Year)
AGE 49 yrs 5 mos 7 ds
If LESS than 1 day, hrs or min

DATE OF DEATH Dec 22 1911
(Month) (Day) (Year)

HEREBY CERTIFY, that I attended deceased, from Nov 30 1911, to Dec 22 1911, that I last saw him alive on Dec 17 1911, and that death occurred, on the date stated above, at P m.

The CAUSE OF DEATH* was as follows:

OCCUPATION (a) Trade, profession, or particular kind of work Teamster Brewery
(b) General nature of industry, business, or establishment in which employed (or employer)

Paralysis 60

BIRTHPLACE (City or town, State or foreign country) Germany

Contributory Stroke 27 mos
(SECONDARY) (Duration) yrs. mos. ds.

PARENTS NAME OF FATHER Killian Schachtli
BIRTHPLACE OF FATHER (City or town, State or foreign country) Germany
MAIDEN NAME OF MOTHER Sum
BIRTHPLACE OF MOTHER (City or town, State or foreign country) German

(Signed) Henry Greenfelder M. D.
Date July 26 1911 (Address) 802 - Mercantile

* State the Disease Causing Death, or, in deaths from Violent Causes, State (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Joseph Schachtli
(ADDRESS) 8203 Virginia Ave

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. mos. 10 ds. In the State yrs. mos. 10 ds.
Where was disease contracted if not at place of death?
Former or usual residence 8203 Virginia Ave

Filed 2-76 1911 A. G. Inoué REGISTRAR
DEC 27 1911

PLACE OF BURIAL OR REMOVAL W. Olive DATE OF BURIAL Dec 24 1911
UNDERTAKER Southern & Co ADDRESS 7315 S. Blue

Revised United States Standard Certificate of Death

[[Approved by U. S. Census and American Public Health
Association]]

50834

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