MAR 21 1928

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

Do not use this space.

6071

1. PLACE OF DEATH

County St Charles — Registration District No. 757 — File No.

Township St Charles — Primary Registration District No. 3036 — Registered No. 25

City St Charles (No. 631 N. Benton St. 3 Ward)

2. FULL NAME August Henry Schone

(a) Residence. No. 631 N. Benton St., 3 Ward. (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. 6 mos. 19 ds. How long in U.S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dorotha Schone

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 1 - 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62	6	19	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Contractor

(b) General nature of industry, business, or establishment in which employed (or employer) Carpenter & Builder

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Charles (STATE OR COUNTRY) Co Mo

PARENTS

10. NAME OF FATHER Dietrich Schone

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Anna Esselmann

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT W. H. Kansteiner (Address) St Charles Mo

15. FILED 1-22, 1928 Otto Bickemeier REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 19 — 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb 17, 1928, to Feb 19, 1928, that I last saw him alive on Feb 19, 1928, and that death occurred, on the date stated above, at 4.30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pleurisy

110 B

110 (duration) ... yrs. ... mos. 3 ds.

CONTRIBUTORY (SECONDARY) Exposure to Cold

(duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? —

DID AN OPERATION PRECEDE DEATH? No DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Symptoms

(Signed) F E Budding, M.D.

2-20, 1928 (Address) St Charles Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Oak Grove Cemetery	Feb 22 1928
20. UNDERTAKER	**ADDRESS**
Steinbrinker Furn. Co	St Charles 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.

Dr. Belding