N 3 1929

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

Do not use this space.

42405

1. PLACE OF DEATH
County St. Louis County
Township Carondelet
City ~~Koch~~ Mo. (No. ..... St. ..... Ward)

Registration District No. 1123
Primary Registration District No. 6248 B.

File No. ..... Registered No. 413

2. FULL NAME Andrew Schuster
(a) Residence. No. 3412 Klein ave. St., ... Ward. St. Louis, Mo.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred X yrs. 3 mos. 24 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 Annie Schuster

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 26, 1860

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
68	4	16	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

PARENTS
10. NAME OF FATHER Simon Schuster
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Mary Muensch
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

14. INFORMANT Records at Robert Koch
(Address) Hospital, Koch, Mo.

15. Nov. 11, 1928 L. C. Obrock M. D.
FILED ..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) ~~Nov.~~ Dec. 11, 1928

17. I HEREBY CERTIFY, That I attended deceased from July 18, 1928, to Nov. 11, 1928, 19..., that I last saw him alive on Nov. 10, 1928, and that death occurred, on the date stated above, at 3:30 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) Emphysema Bronchitis (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? X-Ray findings
(Signed) Chas. V. Rosen, M. D.
11/11, 1928 (Address) Koch Hospital, Koch, 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 Friedens Cem. — DATE OF BURIAL Dec 14 1928
20. UNDERTAKER Seedmayer & Son — ADDRESS 3934 N 20th St

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.