96
20
6

MAR 27 1929

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

7945

1. PLACE OF DEATH
County St Louis — Registration District No. 1170 — File No.
Township — Primary Registration District No. 6248 H — Registered No. 51
City Richmond Heights — No. St Marys Hospital — St. — Ward)

2. FULL NAME P. Edward Schanauer
(a) Residence. No. 6315 W Park 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 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Lella Schanauer

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov 16 1881

7. AGE: Years 47 — Months 2 — Days 28 — If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Barber
(b) General nature of industry, business, or establishment in which employed (or employer): 226
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ind 2

PARENTS
10. NAME OF FATHER: Henry Schanauer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany 10
12. MAIDEN NAME OF MOTHER: Laura Donohue
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ind 2

14. INFORMANT: Mrs Lella Schanauer
(Address) 6315 W Park

15. FILED 2/16 1929 C L Jensen REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 2-14 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1929, to Feb 14, 1929, that I last saw him alive on Feb 13, 1929, and that death occurred, on the date stated above, at 9 35 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Angina Pectoris
94A
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): not known
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) H J Kruse, M. D
Feb 15, 1929 (Address) 4000 Natural Bridge Av

*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: Calvary — DATE OF BURIAL: 2-16 1929

20. UNDERTAKER: Arthur J Donnelly — ADDRESS: 2039 Wash St