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

Do not use this space.

12793

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. .....

Township ..... Primary Registration District No. 1000 ..... Registered No. 3332

City St. Louis Co. (No. Jewish Hosp. ..... St. ..... Ward)

2. FULL NAME Scheck, Joseph

(a) Residence. No. 1836 S. 10th St., 23 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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: Barbara Halbauer

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec. 17 1866

7. AGE: Years 62 | Months 2 | Days 28 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Carpenter 25 30
(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): Austria

PARENTS

10. NAME OF FATHER: John Scheck
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Austria
12. MAIDEN NAME OF MOTHER: Elizabeth Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Austria

14. INFORMANT: Mrs. B. Scheck
(Address) 1836 S. 10th St.

15. FILED MAR 16 1929, 19 Max C. Stoerkel Jr. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 15, 1929

17. I HEREBY CERTIFY, That I attended deceased from Febr. 16, 1929, to March 15, 1929, that I last saw him alive on March 15, 1929, and that death occurred, on the date stated above, at 6:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Peritonitis, tuberculous
Tuberculous epidymitis and prostatitis. (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): circulatory insufficiency (duration) yrs. mos. 14 ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy

(Signed) Gert Gruenfeld, M.D.

, 19 (Address) Jewish Hospital

*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: S. S. Peter & Paul Cem. DATE OF BURIAL: 5-19 1929

20. UNDERTAKER: Witt Bros. L & N Co. 2929 ADDRESS: S. Jeffersons