

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

Do not use this space.

**14393**

**1. PLACE OF DEATH**

County.....  
Township.....  
City St Louis

Registration District No. 791  
Primary Registration District No. 1003  
(No. 3218a, Nebraska)

File No.....  
Registered No. 3737  
St..... Ward.....

**2. FULL NAME** Emil F Schehle

(a) Residence. No. 3218a Nebraska St. 24 Ward.

(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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Male | White | Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 1 - 1900

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>30</u>	<u>2</u>	<u>11</u>	

**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) Foodle Factory  
John J. Meiers Co.  
(c) Name of employer J. S. Meier Mangle Co.

9. BIRTHPLACE (CITY OR TOWN); (STATE OR COUNTRY) St Louis Mo

10. NAME OF FATHER Joseph Schehle

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

12. MAIDEN NAME OF MOTHER Mary Schmidt

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

14. INFORMANT (Address) John H Schehle  
3218 - Nebraska

15. FILED 14 1930 May C Stork REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-12-30 19

17. I HEREBY CERTIFY, That I attended deceased from 3-15-30, 1930, to 4-12-30, 1930, that I last saw him alive on 4-12-30, 1930, and that death occurred, on the date stated above, at 3:15 P.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic myocarditis  
9200  
11/18

CONTRIBUTORY (SECONDARY) Acute pleurisy with effusion  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? (PLACE AT PLACE OF DEATH) 9000

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
(Signed) W. H. Frank M. D.

4-12-1930 (Address) 9227 S Jefferson

\*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 St Peter Paul DATE OF BURIAL April 15 1930

20. UNDERTAKER J. H. Subler 2630 Groving Ave ADDRESS

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.

