MAR 24 1933

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.
4861

1. PLACE OF DEATH

County Buchanan — Registration District No. 86
Township Washington — Primary Registration District No. 5127
City St. Joseph (No. County Infirmery St. Ward)

File No.
Registered No. 12

2. FULL NAME John Schlinsky

(a) Residence, No. 202 Fulkerson street St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 52 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: Emily Schlinsky

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): September 25, 1850

7. AGE: YEARS 82 — MONTHS 4 — DAYS 16 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. packing houses (Morris)
10. Date deceased last worked at this occupation (month and year) about 1920
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

17. INFORMANT (ADDRESS): Mrs Teresa Hrencher 202 Fulkerson st St Joseph Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Mt Olivet Cemetery
PLACE St Joseph Mo. DATE Febr. 14, 1933

19. UNDERTAKER (ADDRESS): N. O. Sidenfaden 1802 Union Street

20. FILED Feb 13, 1933 J. J. Bunsbach Registrar.

MEDICAL CERTIFICATE OF DEATH

7

21. DATE OF DEATH (MONTH, DAY, AND YEAR): February 11, 1933

22. I HEREBY CERTIFY, That I ~~attended~~ relied deceased ~~from~~ on Feb. 11, 1933, to ....., 19....
I last saw him alive on ....., 19.... Death is said to have occurred on the date stated above, at 6:30P m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage.
82A
9M
11
82A

Date of onset

Other contributory causes of importance:
Arteria Sclerosis

Name of operation: none Date of
What test confirmed diagnosis? Clin Hist Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury ....., 19....
Where did injury occur? none
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Forrest Thomas Coroner, ~~M. D.~~
(Address) 8011/2 Felix