

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

Do not use this space.

24393

1. PLACE OF DEATH

County St. Louis Registration District No. 1123
 Township Carmelle Primary Registration District No. 6248 F
 City 156 156 W. Etta St. _____ Ward _____

File No. _____
 Registered No. 243

2. FULL NAME

Joseph Schlich
 (a) Residence, No. 156 W. Etta St. _____ Ward _____
 (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 Gertrude Schlich
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 4, 1882
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 9 10 25
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29 1933

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1933 to July 29, 1933
 I last saw him alive on July 21, 1933 Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

Myocardial infarction Chronic
92 R
1933
 Other contributory causes of importance: acute pyelitis of R. kidney May 21, 33

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

13. NAME Joseph Schlich

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

15. MAIDEN NAME Magdalena Vogler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, MO.

17. INFORMANT Mrs. J. Schlich
 (ADDRESS) 156 W. Etta

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Sunset Burial DATE Aug. 2, 1933

19. UNDERTAKER Southern Bell Co.
 (ADDRESS) 3203 Grand Blvd.

20. FILED Aug 1, 1933
 Registrar.

Name of operation _____ Date of _____
 What test confirmed diagnosis? Chronic Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? Yes
 If so, specify _____
 (Signed) Wm. L. Humphreys, M. D.
 (Address) 7702

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.

101
1
2

AUG 9 1933

196

