MAY 13 1935

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

Do not use this space.

17773

File No.

Registered No. 4082

791

1003

1. PLACE OF DEATH

County

Township

City St LOUIS (No. 8856 Lowell St. Ward)

Registration District No.

Primary Registration District No.

2. FULL NAME ANTON SCHINNER

(a) Residence, No. 8856 LOWELL St., 8 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
MALE	WHITE	MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL 13TH 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	0	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. BREWERY WORKER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ANHEUSER BUSCH BREWERY

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) AUSTRIA

FATHER

13. NAME ANTON SCHINNER

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

MOTHER

15. MAIDEN NAME NOT KNOWN

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) AUSTRIA

17. INFORMANT (ADDRESS) JOHANA SCHINNER 8856 LOWELL

18. BURIAL, CREMATION, OR REMOVAL

PLACE CALVARY CEM. DATE MAY 8TH 1935

19. UNDERTAKER (ADDRESS) Edward Korte 3544 Ly St St Louis Mo

20. FILED MAY - 6 1935 J. Sheidek Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1935, to May 6, 1935

I last saw him alive on May 4, 1935. Death is said to have occurred on the date stated above, at 9 P.M.

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

	Date of onset
Carcinoma of Stomach (Hemorrhage)	
46	

Other contributory causes of importance: Chronic Myocarditis

Name of operation Date of

What test confirmed diagnosis? X-Ray 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?

If so, specify

(Signed) Edward R. Engel, M. D.

(Address) 708 Olive St

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.