

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.

MAR 12 1936

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

Do not use this space.

791
1003

3960

1. PLACE OF DEATH

County Registration District No.
Township Primary Registration District No.
City St. Louis (No. Union Station) St. Ward)

File No.
Registered No. 1399

2. FULL NAME

(a) Residence, No. St. 12th Ward. Chicago Ill
(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>unknown</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>unknown</u>				
7. AGE YEARS <u>40</u>	MONTHS <u>✓</u>	DAYS <u>✓</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Salesman</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>unknown</u>			
	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) <u>unknown</u>				
MOTHER FATHER	13. NAME <u>W. K. [unclear]</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>W. K. [unclear]</u>			
	15. MAIDEN NAME <u>W. K. [unclear]</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>W. K. [unclear]</u>			
17. INFORMANT (ADDRESS) <u>Barbara H. Schuch corners office</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary Ill</u> DATE <u>1-10-36</u>				
19. UNDERTAKER (ADDRESS) <u>Paul B. [unclear] 3059 Lafayette</u>				
20. FILED <u>FEB -7 1936</u> <u>J. Bredeck</u> Registrar.				

NO PHYSICIAN AT DEATH
MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-6-36 1936

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
I last saw h..... alive on 10³⁰..... 19..... Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
Bilateral Lobar Pneumonia
Date of onset

Other contributory causes of importance:
108

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? Yes

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) Barbara H. Schuch, M. D.
(Address) 3059 Lafayette

Fred W. Peetz

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