

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

Do not use this space.

SEP 10 1937

28827

1. PLACE OF DEATH

County ..... Registration District No. **791**  
Township ..... Primary Registration District No. **1003**  
City **St Louis** (No. **St. John's Hospital** St. .... Ward)  
Registered No. **7460**

2. FULL NAME

**Raymond Boniface Schindler**  
(a) Residence, No. **Perryville Mo** St. **NR** 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 **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 **Nettie V. Greenwell**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept 22, 1868**

7. AGE YEARS **68** MONTHS **10** DAYS **14** If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Dairy Work**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **own Business**

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) **Perry County Mo**

13. NAME **Raymond Schindler**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

15. MAIDEN NAME **Catherine Sutterer**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT **Derald Schindler** (ADDRESS) **Perryville Mo**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Perryville Mo** DATE **Aug 9, 1937**

19. UNDERTAKER **W. J. Powers** (ADDRESS) **105 Union Blvd**

20. FILED **W. J. Powers** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug 6, 1937**

22. I HEREBY CERTIFY That I attended deceased from **July 9, 1937** to **Aug 6, 1937**  
I last saw him alive on **Aug 5, 1937**. Death is said to have occurred on the date stated above, at **9a** m.

The principal cause of death and related causes of importance were as follows:  
**Duodenal ulcer - perforated** Date of onset **7-9-37**

**1176**

Other contributory causes of importance:  
**Peritonitis - generalized** **7-9-37**  
**lung abscess - metastatic,** **?**  
**non-malignant**

Name of operation **Perforated Ulcer** Date of **7/9/37**  
What test confirmed diagnosis? **Clinical** 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? **No**  
If so, specify **Pierce W Powers**, M. D.

(Signed) **Pierce W Powers**, M. D. (Address) **2531 So Jefferson**

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.

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