

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

36087

Do not use this space.

791

1003

9664

NOV 15 1937

1. PLACE OF DEATH  
 (a) County ..... Registration District No. 7  
 (b) Township ..... Primary Registration District No. 1003  
 (c) City ST. LOUIS MO (d) Street No. Emmett & City High #1 Registered No. 9664  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.  
 (e) Length of residence in city or town where death occurred 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME FRANK SCHRAUT  
 (a) Residence, No. 1210<sup>e</sup> HICKORY St. 22  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) DIVORCED  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ETHEL SCHRAUT  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB 12, 1865  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
72 8 2  
 8. Trade, profession, or particular kind of work done; as sawyer, bookkeeper, etc. WRITER LOCAL  
 9. Industry or business in which work was done, as saw mill, bank, etc. UNION # 20  
 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) BADEN, BADEN GERMANY

13. NAME MAX SCHRAUT

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

15. MAIDEN NAME GENEVIEVE (UNKNOWN)

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

17. INFORMANT (ADDRESS) MISS JULIA KNEEFISCH 8052 KINGSTON AVE, CHICAGO, ILL.

18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY DATE OCT 18<sup>TH</sup> 1937

19. FUNERAL DIRECTOR (ADDRESS) MULLEN BROS 4259 LINDELL BLVD

20. FILED OCT 18 1937 J. F. Bredeck Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-14 1937

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 11:00 P m.

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

Coronary Occlusion  
arteriosclerosis  
 Other contributory causes of importance: 946

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... 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, specify Alfred Perry M.D.  
 (Signed) Alfred Perry M.D.  
 (Address) Deputy Coroner

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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9664

STATEMENT BY LICENSED EMBALMER

I, Wm Rogers, Licensed Embalmer No. 3905  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself  
L. E.  
No. \_\_\_\_\_ or by \_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.  
Signed Wm Rogers  
Licensed Embalmer No. 3905

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**