

SEP 21 1938

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

Do not use this space.

1. PLACE OF DEATH

County Franklin  
Township Central  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 294  
Primary Registration District No. 5409B

File No. 28847  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

GEORGE SCHRAND

(a) Residence, No. 2050 Knox St.

St. Louis, Mo. Ward 653

(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) Single.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1922

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min. 16

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

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

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

13. NAME Albert Schrand

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

15. MAIDEN NAME Edna Schoening.

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

17. INFORMANT (ADDRESS) Eric Luechtefeld, St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis, Mo. DATE Sept 3, 1938

19. UNDERTAKER (ADDRESS) Otto & Co. Washington, Mo.

20. FILED Sept 3, 1938 W. Lueckeworth Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 31, 1938

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

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. 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:

Accidental drowning in Bourboise River.  
(Boat Concerned)

Date of onset

Other contributory causes of importance:

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Coroner Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? Central Township.  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Private bathing beach.

Manner of injury Drowning

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify \_\_\_\_\_  
(Specify) Thos. P. Shaffer CORONER, M.D.  
Sullivan, Missouri. (Address)

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.

