

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

Do not use this space.

31073

1. PLACE OF DEATH

County SEP 13 1934 Registration District No. **791**
 Township St. Louis Primary Registration District No. **1003**
 City St. Louis (No. 5218 Oriole Ave) St. 7 Ward 7

File No. 8342
 Registered No. 8342

2. FULL NAME

Christian Schaller

(a) Residence, No. 5218 Oriole Ave Ward 7
 (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) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Catherine Schaller
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 3, 1877
 7. AGE YEARS 57 MONTHS 6 DAYS 11
 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck Driver
 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) Germany

13. NAME Gabriel Schaller

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

15. MAIDEN NAME Don't know

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

17. INFORMANT (ADDRESS) Catherine Schaller
5218 Oriole Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary C.M. DATE Aug. 17, 1934

19. UNDERTAKER (ADDRESS) Jos. Dr. Illapok
1125 Goddard Ave

20. FILED AUG 15 1934 J. P. Onedeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 14, 1934
 22. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1934 to Aug 17, 1934
 I last saw him alive on Aug 12, 1934 Death is said to have occurred on the date stated above, at 10:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Acute
Chronic Myocarditis
93C
119C
 Other contributory causes of importance
Acute Gastric Indigestion
A piece of sausage he ate 12 hours
caused acute indigestion & not a
poisoning

Name of operation None
 What test confirmed diagnosis? Clinical 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? NO
 If so, specify _____
 (Signed) Roland R. Meyerson, M. D.
 (Address) 5330 Gerald Ave

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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Dr. Menow
5330 Geraldine
Ar.