

1. PLACE OF DEATH a. COUNTY BEXAR		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE TEXAS b. COUNTY BEXAR	
b. CITY OR TOWN (If outside city limits, give precinct no.) SAN ANTONIO		c. CITY OR TOWN (If outside city limits, give precinct no.) SAN ANTONIO	
c. LENGTH OF STAY in 1 b. 27 YRS.		d. STREET ADDRESS (If rural, give location) 1622 SANTA BARBARA STREET	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION DOA BAPTIST MEMORIAL HOSPITAL		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) (a) First ARTHUR (b) Middle OTTO (c) Last SCHAREIN, SR.		4. DATE OF DEATH JULY 2, 1969	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH JUNE 30, 1905
9. AGE (In years last birthday) 64		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Minutes _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PUMPER		10b. KIND OF BUSINESS OR INDUSTRY BREWING CO.	11. BIRTHPLACE (State or foreign country) ILLINOIS
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME GUSTAV SCHAREIN	
14. MOTHER'S MAIDEN NAME CAROLINE SCHWALBE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NONE	
16. SOCIAL SECURITY NO. 334-09-3375		17. INFORMANT K. Maurice W. Scharein	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) IMMEDIATE CAUSE (a) Coronary Occlusion DUE TO (b) _____ OTHER (c) _____ INTERVAL BETWEEN ONSET AND DEATH 1 day			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) —	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) —	
20f. CITY, TOWN, OR LOCATION San Antonio, Texas		20g. COUNTY BEXAR	
20h. STATE TEXAS			
21. I hereby certify that I attended the deceased from April 4, 1960 to July 2, 1969 and last saw the deceased alive on Feb 5, 1969 . Death occurred at 3:05 P. m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Dr. Perry Post		22b. ADDRESS 120 W. Glenview Pl. San Antonio, Texas	
22c. DATE SIGNED 7-3-69			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 7-5-69	
23c. NAME OF CEMETERY OR CREMATORY SUNSET MEMORIAL PARK		24. FUNERAL DIRECTOR'S SIGNATURE ALAMO FUNERAL HOME #3317	
25a. REGISTRAR'S FILE NO. 3267		25b. DATE REC'D BY LOCAL REGISTRAR JUL 3 1969	
25c. REGISTRAR'S SIGNATURE R. M. Wainwright			

TEXAS DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATION

202 4109