

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

Do not use this space.

32115

1. PLACE OF DEATH

County.....
Township.....
City St Louis Mo (No. Barnes Hosp)

Registration District No. 791
Primary Registration District No. 1008

File No.
Registered No. 19414
St. Ward)

2. FULL NAME Mary Schneider

(a) Residence No. St. 12 Ward. Luzburg Ill
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. 14 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 10 - 1860

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>68</u>	<u>5</u>	<u>10</u>	<u>10</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Luzburg Ill
(STATE OR COUNTRY)

10. NAME OF FATHER Gotthick Lehman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Prussia
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Widman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Prussia
(STATE OR COUNTRY)

14. INFORMANT Johanna Lemmer
(Address) 1918 Montgomerie St

15. FILED 22 1928 New C. Stankley
15- REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9 - 20 19 28

17. I HEREBY CERTIFY That I attended deceased from 8 - 12, 19 28, to 9 - 20, 19 28, that I last saw her alive on 9 - 20, 19 28, and that death occurred, on the date stated above, at 9 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Adeno-carcinoma cervix uteri with great metastasis

CONTRIBUTORY (SECONDARY) 46 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH:.....

1 DID AN OPERATION PRECEDE DEATH..... DATE OF June 1928

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Biopsy

(Signed) no name, M. D.

, 19 (Address) 600 D. Kensington

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Luzburg Ill DATE OF BURIAL Sept 22 1928

20. UNDERTAKER Hull Und ADDRESS New Athens Ill

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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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