

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

Do not use this space.

38447

1. PLACE OF DEATH

County.....

Registration District No.....

791

Township.....

Primary Registration District No.....

1003

City St. Louis, Mo. (No.....)

File No.....

Registered No.....

11065

St..... Ward.....

2. FULL NAME Minnie Schlewinger.

(a) Residence. No. 4829 Margarette. St. 10 Ward.....
(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 <u>Male.</u>	4. COLOR OR RACE <u>White.</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widow.</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louis Schlewinger.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3/5/1855.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	73	8	6	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housework.
(b) General nature of industry, business, or establishment in which employed (or employer) Home.
(c) Name of employer

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

10. NAME OF FATHER Schierenbacher.

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

12. MAIDEN NAME OF MOTHER Unknown.

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

14. INFORMANT Harry S. Schlewinger.
(Address) 4829 Margarette.

15. FILED 13 1928 W. C. Tanker REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11/11/28 19

17. I HEREBY CERTIFY, That I attended deceased from Sept 11, 1928, to 11 11, 1928
that I last saw h. a. alive on 11 11, 1928, and that death occurred, on the date stated above, at 12.30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchopneumonia
131
736
1914
Ch. (duration) yrs. mos. ds.
CONTRIBUTORY Heart aneurysm, rupture
(SECONDARY) hypertension yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....
8. DID AN OPERATION PRECEDE DEATH? DATE OF.....
WAS THERE AN AUTOPSY? 129 W

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) William Ross M. D.
, 19 (Address) 19129 - Grand

*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 St. Peters. DATE OF BURIAL 11/13/28 19

20. URBERTAKER Crowosh Burd Co ADDRESS 3710 N. Grand.

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.

