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.

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

Do not use this space.

38628

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 2239 Keokuk St. ..... Ward)

File No. .....

Registered No. 11254

2. FULL NAME Theresa Schallert

(a) Residence. No. 2239 Keokuk St., 22 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 Female

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 Wm Schallert

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 4 1880

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
48	9	13	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Work

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

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

PARENTS

10. NAME OF FATHER John Winterle

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

12. MAIDEN NAME OF MOTHER Sophia Meyer

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

14. INFORMANT Wm Schallert
(Address) 2239 Keokuk St.

15. FILED NOV 19 1928 Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 17 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 29th, 1928, to Nov. 17, 1928 that I last saw her alive on Nov. 17th, 1928, and that death occurred, on the date stated above, at 11 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1183 Chronic Vegetitatus Endocar
72 Elitis with Dyscompensation
93 Chronic Myocarditis
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Emboli in foot lungs & liver (duration) yrs. 1 mos. 19 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? No

DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Gangrene of foot & lungs

(Signed) H C Klueppel, M. D

Nov. 19, 1928 (Address) 3860 S. Broadway

*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 S. S. Peter & Paul

DATE OF BURIAL 11-20 1928

20. UNDERTAKER Wm Schumacher

ADDRESS 3013 Meramec

3860 8.13.

2