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

Do not use this space.

5889

AUG 1 1929

1. PLACE OF DEATH
County Cole
Township
City Jefferson (No. ..... St. ..... Ward)

Registration District No. 213
Primary Registration District No. 3014

File No.
Registered No. 65

2. FULL NAME Anna C. Schell

(a) Residence. No. 618 Jefferson St., ... 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Frank X. Schell

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Apr. 20-1854

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74	10	2	

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

235

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

1

PARENTS

10. NAME OF FATHER: Hy. Gerling

10

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

12. MAIDEN NAME OF MOTHER: Agnes Hahn

10

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

14. INFORMANT: Victor Dulle
(Address) J.C. Mo.

15. FILED 3-1, 1929 S. Bedford REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb. 22 - 1929

17. I HEREBY CERTIFY, That I attended deceased from ....., 1925, to 2/22, 1929, that I last saw her alive on 2/22, 1929, and that death occurred, on the date stated above, at 1:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arteriosclerosis
(duration) 4 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Myocarditis, Endocarditis
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) David Calve, M. D.
2/25, 1929 (Address) Jefferson City Mo.

*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 Cem. J.C.
DATE OF BURIAL: 2-25-1929

20. UNDERTAKER: C. P. Heinrichs
ADDRESS: J.C. Mo.

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.