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.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 6837

Township ..... Primary Registration District No. 1003 Registered No. 1674

City Stlouis Mo (No. 3343 Louisiana St. ..... Ward)

2. FULL NAME Lena M. Schallert

(a) Residence. No. 3343 Louisiana St., 16 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	white	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fred Schallert

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 15 - 1886

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
43	8	0	

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

9. BIRTHPLACE (CITY OR TOWN) Stlouis
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Adam Stapp

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

12. MAIDEN NAME OF MOTHER Lena Schrader

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

14. INFORMANT Fred Schallert
(Address) 3343 Louisiana ave Stlouis

15. FILED FEB 17, 1930 Max C Kaplan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2 - 15 1930

17. I HEREBY CERTIFY, That I attended deceased from 1 am 1 3, 1930, to Feb 14, 1930 that I last saw her alive on Feb 14, 1930, and that death occurred, on the date stated above, at 2 20 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

93C Chr. myocardite

112

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Arthur non Tubercular

..... (duration) 15 yrs. ..... mos. ..... ds.

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

903

O DID AN OPERATION PRECEDE DEATH? NO DATE OF .....

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? Phy E

(Signed) H. S. Pyne, M. D.

2/16, 1930 (Address) 2757 Accomac

*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	DATE OF BURIAL
New Pickers Cemetery	2-17 1930

20. UNDERTAKER	ADDRESS
Weick Bros 2201 So Grand Blvd	