

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

Do not use this space.

11357

1. PLACE OF DEATH

County Registration District No. 791
Township St. Louis Primary Registration District No. 1608
City St. Louis (No.) St. Ward)

File No.
Registered No. 2417
St. Ward)

2. FULL NAME

(a) Residence, No. 2135² Allen Ave. 23 Ward.

(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>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 8 1854</u>		
7. AGE	YEARS <u>78</u>	MONTHS <u>4</u>
	DAYS <u>2</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Work</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo</u>	
	13. NAME <u>John Schnides</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	15. MAIDEN NAME <u>Unknown</u>	
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
	17. INFORMANT <u>Miss Tillie Freck</u> (ADDRESS) <u>2135² Allen Ave</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sunset</u> DATE <u>3/13/1933</u>		
19. UNDERTAKER <u>Wm Schumacker</u> (ADDRESS) <u>3613³ Menard</u>		
20. FILED <u>MAR 13 1933</u> <u>W O Stanley</u> Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March . 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1933, to Mar 10 1933

I last saw h. a. alive on Mar 9th 1933. Death is said to have occurred on the date stated above, at 8:15 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis about 5 yrs.

930 possible 5 years

97

930

Other contributory causes of importance:

Arteriosclerosis and

asthma

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify No P P organ

(Signed) W O Stanley M. D.

(Address) 3519² Jeff Ave

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.

3559 8th July