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.

JAN 8

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

Do not use this space.

38579

File No. 10246

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City ST. LOUIS MO. (No. 5540 NATURAL BRIDGE AVE. St. ..... Ward)

2. FULL NAME MABEL EDITH SCHRECK.

(a) Residence, No. 5540 NATURAL BRIDGE AVENUE. 7 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): ~~MARIED~~ Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF: ARTHUR SCHRECK.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 11/19/1904.

7. AGE: YEARS 29 | MONTHS ------ | DAYS 7. | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE.

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 .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ST. LOUIS. MO.

FATHER

13. NAME: LOUIS WOESTMANN.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ST. LOUIS. MISSOURI.

MOTHER

15. MAIDEN NAME: MINNIE WOENBERG.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ST. LOUIS. MO.

17. INFORMANT (ADDRESS): ARTHUR SCHRECK. 5540 NATURAL BRIDGE AVE

18. BURIAL, CREMATION, OR REMOVAL

PLACE VALHALLA CREMATORY DATE 11/29/33. 19

19. UNDERTAKER (ADDRESS): Provost Und. Co. 3710 N. GRAND BLV'D.

20. FILED NO. 60 1000 19 J. J. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 11/26/1933. 19

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1933, to 11/24, 1933

I last saw her alive on 11/24/33, 1933 Death is said to have occurred on the date stated above, at 7 A m.

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

Myocarditis (chronic)

93C
95C
91B

Date of onset

Other contributory causes of importance:

Endocarditis
Rheumatic Heart disease.

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

What test confirmed diagnosis? clinical Was there an autopsy? no

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? no

If so, specify .....

(Signed) L. P. Gay, M. D.

(Address) 908 Paramount Bldg.

P. Friday (3720 Washington ave.)
2 - 5 P.M.