

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

Do not use this space.

JUL 8 - 1937

791

22418

1. PLACE OF DEATH

County

Registration District No.

Township

Primary Registration District No.

City St. Louis

(No. Lutheran Hospital)

File No.

Registered No.

6170

St. Ward)

2. FULL NAME

Lillian Schuchard

(a) Residence, No. 5018a Fernod Ave. St., 14 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 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 Oliver Schuchard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March-22-1915.

7. AGE YEARS 22 MONTHS 3 DAYS 2 If LESS than 1 day, hrs. or min.

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.

13. NAME William Drier

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

15. MAIDEN NAME Lillian Michel

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

17. INFORMANT Oliver Schuchard (ADDRESS) 5018a Fernod Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Sunset DATE June-28th 1937

19. UNDERTAKER Wacker-Helderle (ADDRESS) 2371 S. Broadway

20. FILED

JUN 25 1937

J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June, 24th., 1937

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1937, to June 24, 1937 I last saw her alive on June 24, 1937 Death is said to have occurred on the date stated above, at 9:31 A.M.

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

Air Embolism Cerebral (100% Parturition) Date of onset 6-29-37

Other contributory causes of importance: Sputaneous Miscarriage (16-18 mths gestation) (6-15-37)

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

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

Where did injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. X

Manner of injury

Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify None (Signed) W. G. Ruffner, M. D.

(Address) 3805 So. Broadway.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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FORM I 2831A

