

REC'D MAY 10 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH791
1003

13398

Do not use this space.

4002

1. PLACE OF DEATH

(a) County..... Registration District No.....
 (b) Township..... Primary Registration District No.....
 (c) City St. Louis (d) Street No. 4592a Pope Avenue Registered No. 4002
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

KATHERINE SCHRAGE, (b, s, d)
 (a) Residence, No. 4592a Pope Avenue St. 9
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 17, 1869</u>		
7. AGE YEARS <u>68</u>	MONTHS <u>4</u>	DAYS <u>11</u> IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>At Home</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Marisa Ill.</u>	
	13. NAME <u>Not Known</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	15. MAIDEN NAME <u>Not Known</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Peters</u> DATE <u>Apr. 30, 1938</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>Math. Hermann & Son</u> <u>2161 East Fair Avenue</u>		
20. FILED <u>APR 29 1938</u> <u>J. F. Budick</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 17, 1937, to April 28, 1938, 1938
 I last saw him alive on April 27, 1938 Death is said to have occurred on the date stated above, at 4:20 A. M.
 The principal cause of death and related causes of importance were as follows:

Carcinoma of the Right Lung and the right gland and cervical gland Primary seat in lymphatic gland.
 Other contributory causes of importance: Edema of the Right Lung

Date of onset

Name of operation..... Date of.....
 What test confirmed diagnosis? Physician 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) James H. H. H. H. H., M. D.
 (Address) 3403 N. 84th St.

STATEMENT BY LICENSED EMBALMER

I, Samuel Hampton, Licensed Embalmer No. 2967

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

.....L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Samuel Hampton

Licensed Embalmer No. 2967

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)