

REC'D JUN 9 1938

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS 791
 CERTIFICATE OF DEATH 1003
16492
Do not use this space.

Registered No. 4353

1. PLACE OF DEATH

- (a) County Registration District No.
- (b) Township Primary Registration District No.
- (c) City St. Louis (d) Street No. 5036 Maffitt Avenue 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

- Barbara Schaan 500
- (a) Residence, No. 5572 Emerson Avenue St. 7 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

- 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Matthew Schaan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 31, 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
- 66 1 10

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

- FATHER 13. NAME Unknown

- FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

- MOTHER 15. MAIDEN NAME Unknown

- MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Albert M. Schaan
5372 Emerson Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Crem. DATE May 13, 1938

19. FUNERAL DIRECTOR (ADDRESS) Math Germann and Son
2161 East Fair Avenue

20. FILED MAY 12 1938 J.P. Bredeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-15, 1938, to 5-9, 1938. I last saw him alive on 5-9, 1938. Death is said to have occurred on the date stated above, at 2:30 P. M.. The principal cause of death and related causes of importance were as follows:

Chronic endocarditis Date of onset

- Other contributory causes of importance: Polyp

- Name of operation Date of
What test confirmed diagnosis? Exam 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 None
(Signed) J.P. Bredeck M. D.
(Address) 5074 N. Union Blvd.

STATEMENT BY LICENSED EMBALMER

I, Leonard 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 Leonard 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.)