

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1939 APR 12 1939

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

8200
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis, Mo.** (d) Street No. **Christian Hospital** St.
 (e) Length of residence in city or town where death occurred **42** yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **162 Irene Marie Schaberg**

(a) Residence, No. **4260 Gano Avenue** St. **10** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 **Wife of Fred R. Schaberg**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug. 12, 1896**
 7. AGE YEARS **42** MONTHS **6** DAYS **16** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housewife**
 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) **St. Louis**
 (STATE OR COUNTRY) **Missouri**

13. NAME **George Brother**
 14. BIRTHPLACE (CITY OR TOWN) **St. Louis**
 (STATE OR COUNTRY) **Missouri**

15. MAIDEN NAME **Mary Ilges**
 16. BIRTHPLACE (CITY OR TOWN) **St. Louis**
 (STATE OR COUNTRY) **Missouri**

17. INFORMANT **Fred R. Schaberg**
 (ADDRESS) **4260 Gano Avenue**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Laurel Hill Cemetery** DATE **3/3/39**

19. FUNERAL DIRECTOR (NAME) **Kraeger-Voss-Fix**
 (ADDRESS) **3402 No. Kingshighway**

20. FILED **MAR 2 1939** **J. B. Brueckner** Local Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **2-28-1939**

22. I HEREBY CERTIFY, That I attended deceased from **9-1-1938**, to **2-28-1939**
 I last saw her alive on **2-28-1939**. Death is said to have occurred on the date stated above, at **9:30** m.
 The principal cause of death and related causes of importance were as follows:

Thyroid carcinoma
 Date of onset

Name of operation **thyroid** Date of **20**
 What test confirmed diagnosis **thyroid** 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?
 If so, specify **None** M. D.
 (Signed) **Walter H. Haines**
 (Address) **2519 Weber St. St. Louis**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Guy W Wilkins

Licensed Embalmer No.....

3575

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.