

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

1. PLACE OF DEATH

County..... Registration District No. **701** File No. **18297**
 Township..... Primary Registration District No. **1008** Registered No. **4736**
 City **St. Louis, Mo.** (No. **Carondelet Hospital.** St. **Ward**)

2. FULL NAME **Mary Schildknecht.**

(a) Residence. No. **803 Allen Avenue.** St. **9** Ward. (If nonresident give city or town and State)
 (Usual place of abode)
 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 Married.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frederick W. Schildknecht		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 15th 1892.		
7. AGE	YEARS 26	MONTHS 5
	DAY 25	If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work Housewife.		
(b) General nature of industry, business, or establishment in which employed (or employer) Housework.		
(c) Name of employer		

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

PARENTS

10. NAME OF FATHER **Herman Suren**
11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Germany.**
 (STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER **Catherine Schweir.**
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
 (STATE OR COUNTRY) **Germany.**

14. INFORMANT **Frederick Schildknecht**
 (Address) **803 Allen Avenue**

15. FILED **May 6 1919** **Starckoff**
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **May 10 19 19**

17. I HEREBY CERTIFY, That I attended deceased from **Apr. 20**, 19**19**, to **May 10**, 19**19**, that I last saw h. **ee** alive on **May 9**, 19**19**, and that death occurred, on the date stated above, at **2:00 a. m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Purpural Septicemia 150 M

CONTRIBUTORY (SECONDARY) **Following full term still born**
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: **803 Allen ave**

19. DID AN OPERATION PRECEDE DEATH..... DATE OF.....

20. WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) **Arthur A. Jungel**, M. D.

Address **May 10, 1919** **1703 S. 12th St.**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **SS. Peter & Paul Cemetery** **DATE OF BURIAL** **May 13 19 19.**

20. UNDERTAKER **Blomker & Son** **ADDRESS** **3163 S. Grand**

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.

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

