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

Do not use this space.

13325

791

1003

File No.

Registered No. 3643

1. PLACE OF DEATH

County

Township

City St Louis (No. St Johns Hospital St. Ward)

Registration District No.

Primary Registration District No.

2. FULL NAME Laura A Schotten

(a) Residence. No. 2931 Eads St., 23 Ward.
(Usual place of abode)

(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): Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Edward Schman

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 17th 1871

7. AGE: Years 55 | Months 3 | Days 28 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis

PARENTS

10. NAME OF FATHER: Wm Schotten

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mo

12. MAIDEN NAME OF MOTHER: Clara Zimmerman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Mrs Agnes Gray
(Address) 4949 Washington

15. FILED APR 16 1927 19 Max C Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

4

16. DATE OF DEATH (MONTH, DAY AND YEAR): 4-15 1927

17. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1926, to death 4/15, 1927 that I last saw her alive on 4/14, 1927, and that death occurred, on the date stated above, at 9 15 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

930
1100
112 Abscess Pulmonary
Non Tubercular cause unknown
Doubtful (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Asthmatic Bronchitis Chr.
Chr Myocarditis
non Tubercular (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? yes DATE OF Nov. 1926

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? X Ray

(Signed) H J Strub, M. D

4/15, 1927 (Address) 2767 Park

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: SS Peter & Paul

DATE OF BURIAL: 4-18 1927

20. UNDERTAKER: Arthur J Donnelly

ADDRESS: 2039 Wash

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.

THIS IS A PERMANENT RECORD

Dir Sirao

2767a Paris

2807 Paris