

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

Do not use this space.

6998

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No.
 City St. Louis St. Ward)

File No.....
 Registered No. **1966**
 St. Ward)

2. FULL NAME

Alma Schaffran
 (a) Residence. No. 3856 Northford St., 16 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Adolph Schaffran

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 14 1882

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
45 5 6

8. OCCUPATION OF DECEASED Housework

(a) Trade, profession, or particular kind of work
 (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) Mo

10. NAME OF FATHER Albert Spieder

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

12. MAIDEN NAME OF MOTHER Mrs. Noxel

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

14. INFORMANT Arthur Schaffran
 (Address) 3856 Northford St

15. FILED 21 1928 Mar 6 Starks
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 20 1928

17. I HEREBY CERTIFY That I attended deceased from Jan 15 1928 to Feb 20 1928 that I last saw her alive on Feb 20 1928, and that death occurred, on the date stated above, at 2 00 m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Chronic Int. Nephritis
Mitral regurgitation
131
92A (duration) 1 yrs. 6 mos. 6 ds.

CONTRIBUTORY (SECONDARY) 120W (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH.....

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

20. WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed) F. W. Wersch M. D.

Feb 19 28 (Address) 2900 Mission 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Zeons DATE OF BURIAL Feb 23 1928

20. UNDERTAKER Wm. F. Paschedag ADDRESS 2825 700 Grand St

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

2900^a No. 110