

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

Do not use this space.

11155

**1. PLACE OF DEATH**

County.....

Registration District No.....

791

1008

File No.....

Township.....

Primary Registration District No.....

Registered No.....

2985

City.....

(No. ....) St. ....

St.....

Ward.....

**2. FULL NAME**

(a) Residence. No.....

2647<sup>a</sup> Armand

St.,

23. Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

da.

How long in U.S., if of foreign birth?

yrs.

mos.

da.

**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

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

Oct 14 - 1865

**7. AGE**

YEARS

MONTHS

DAYS

IF LESS than 1 day, ..... hrs. or ..... min.

62

5

2

**8. OCCUPATION OF DECEASED**

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

House work

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

at home

(c) Name of employer.....

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY)

Longtown Mo

**10. NAME OF FATHER**

Frederick Schade

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Germany

**12. MAIDEN NAME OF MOTHER**

Johanna Heintz

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Germany

**14.**

INFORMANT (Address)

Herman Meckel  
2647<sup>a</sup> Armand Ave

**15.**

FILED

16. 1928

Max E. Starkey

REGISTRAR

2

**MEDICAL CERTIFICATE OF DEATH**

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

3/14

1928

**17.**

I HEREBY CERTIFY, That I attended deceased from

June 1, 1927, to March 16, 1928

that I last saw him alive on March 13, 1928, and that

death occurred, on the date stated above, at 4 A. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Myocarditis chronic  
10%

93c

(duration) X yrs. .... mos. .... da.

**CONTRIBUTORY (SECONDARY)**

Hypostatic Pneumonia

Labas (duration) .... yrs. .... mos. .... da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

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

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) J. H. Johnson, M. D.

13/16, 1928 (Address) 3833 Washington

\*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**

DATE OF BURIAL

Perryville, Mo. 3-18 1928

**20. UNDERTAKER**

ADDRESS

Petty Bros. 3029 Lafayette

3833 Washington  
 PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE FULLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

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.

