

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

Do not use this space.

22625

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis**

No. **4500** **Washington**

File No. **6654**

Registered No.

St. Ward)

2. FULL NAME

(a) Residence. No. St. **19** 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. 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) **married**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Oct 15 - 1851**

7. AGE: YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 8 15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Homework**
(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) **Germany**

PARENTS
10. NAME OF FATHER **unknown**
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **unknown**
12. MAIDEN NAME OF MOTHER **unknown**
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **unknown**

14. INFORMANT **Miss Corina Schaefer**
(Address) **4500 Washington**

15. FILED **111 - 19 1928** **May C. Stankoff**
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **June 30, 1928**

17. I HEREBY CERTIFY That I attended deceased from **June 29, 1928**, to **June 30, 1928**, that I last saw her alive on **June 29, 1928**, and that death occurred, on the date stated above, at **10:00 A.M.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis, chronic
93C (duration) yrs. mos. da.

CONTRIBUTOR (SECONDARY) **11B** (duration) yrs. mos. da.

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

0 DID AN OPERATION PRECEDE DEATH? **no** DATE OF.....

WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS? **Examination**

(Signed) **George P. Bailey, M.D.**

July 1, 1928 (Address) **3024 N. Broadway**

*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 **Frederick's Cemetery** DATE OF BURIAL **1 - 2 1928**

20. UNDERTAKER **Wm. J. Schumacher** ADDRESS **1844 N. Jefferson**

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.

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