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

Do not use this space.

File No. 25250
Registered No. 7050

1. PLACE OF DEATH

County ..... Registration District No. 701 ~~1000~~
Township ..... Primary Registration District No. .....
City St Louis (No. 916, La Salle St. ..... Ward)

2. FULL NAME Barbara Pscheid

(a) Residence. No. 916 La Salle St., 22 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): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov 8 1863

7. AGE: Years 64, Months 7, Days 26. If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House wife
(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: Michael Reiss
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Dont Know (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Dont Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Germany

14. INFORMANT: Dora Walsh
(Address) 916 La Salle

15. FILED 1-6 1928 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 4 1928

17. I HEREBY CERTIFY, That I attended deceased from July 2, 1928, to July 4, 1928, that I last saw her alive on July 4, 1928, and that death occurred, on the date stated above, at 8 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
936
1078
Acute Broncho Pneumonia
(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (SECONDARY): Chronic Myo Cordita
(duration) ..... yrs. 4 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical finding
(Signed) Mott J Schaer, M. D
7/6, 1928 (Address) 5 Colin

*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: S S Peter & Paul
DATE OF BURIAL: July 7 1928

20. UNDERTAKER: E J Schmidt
ADDRESS: 3125 Lafayette

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.

...PLANET, WITH UNFADING INK—THIS IS A PERMANENT RECORD