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

Do not use this space.

33238

1. PLACE OF DEATH

County Franklin — Registration District No. 297 — File No.

Township Washington — Primary Registration District No. 3016 — Registered No. 83

City Washington (No. ..... St. ..... Ward)

2. FULL NAME Sophia Schriewer

(a) Residence. No. 817 West 2nd Str. St., ... 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Henry K. Schriewer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 24, 1854

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	74	0	15	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Washington (STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Frank Schroeder

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

12. MAIDEN NAME OF MOTHER Lizzie Hustermann

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

14. INFORMANT Frank Schriewer (Address) R 2 Washington Mo

15. FILED Oct 10, 1928 O. L. Muench REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 9 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct. 2, 1928, to Oct 9, 1928 that I last saw her alive on Oct 8, 1928, and that death occurred, on the date stated above, at 3 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY) None

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Place of death

DID AN OPERATION PRECEDE DEATH? No. DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? No

(Signed) J. D. Maupin, M. D

, 19 (Address) Washington Mo.

*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 Catholic Cemetery — DATE OF BURIAL Oct 12, 1928

20. UNDERTAKER Otto Heo GHO — ADDRESS Washington Mo

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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD