

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

Do not use this space.

35038

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St Louis (No. 5338 Green Ave)

File No.....
Registered No. 10711
St. Ward)

2. FULL NAME

May Anna Schuette
(a) Residence. No. 5338 Green Ave 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 Fred

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 22 1889

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
39 — 8

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) at home
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ST Louis mo
(STATE OR COUNTRY)

10. NAME OF FATHER John Dittmann

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

12. MAIDEN NAME OF MOTHER Mary Paulat

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

14. INFORMANT Fred S Schuette
(Address) 5338 Green Ave

15. FILED 1 1928 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from 9 AM 1928 to 10:30 AM 1928 that I last saw her alive on Oct 28 1928, and that death occurred, on the date stated above, at 130 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Encephalitis of Cervix
48

(duration) 2 yrs 6 mos da.

CONTRIBUTORY (SECONDARY) Wander Loss appetite

(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? Robinn DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Laboratory tests

(Signed) W. S. Gandy M. D.

10/20, 1928 (Address) 3505 N. Grand 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 DATE OF BURIAL

New Bethlehem Nov-1 1928

20. UNDERTAKER Bullen Kelly ADDRESS 4526 Easton

K. 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.

WHILE FULFILLING WITH EMPLOYING INSTITUTIONS IS A PERMANENT RECORD

Grand Street