

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

Do not use this space.

1532

1. PLACE OF DEATH

County Jackson
Township Karo
City St. Louis

Registration District No. 399
Primary Registration District No. 3002

File No. _____
Registered No. 122
St. _____ Ward _____

2. FULL NAME

Theresa Schubarshitz
(a) Residence. No. 4615 Limestone St. Ward. 7
(Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (circle the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1853 - Sept 5

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
75 | 3 | 4

8. OCCUPATION OF DECEASED Retired
(a) Trade, profession, or particular kind of work. 107A
(b) General nature of industry, business, or establishment in which employed (or employer). 99
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Austria
(STATE OR COUNTRY)

10. NAME OF FATHER Joseph Schmidt

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

12. MAIDEN NAME OF MOTHER Theresa Bauer

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

14. INFORMANT A. Neathary
(Address) 4615 Limestone

15. FILED 1-10-29 M. M. Crane REGISTRAR
Asst.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 9 1929

17. I HEREBY CERTIFY That I attended deceased from 11/15 1929, to 1/8 1929 that I last saw h. w. alive on 1/8 1929, and that death occurred, on the date stated above, at 12 20 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arterio sclerosis, Nephritis, Cerebral arteritis, Broncho pneumonia
(duration) yrs. 2 mos. da.

CONTRIBUTORY (SECONDARY) Pulmonary Edema
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED no
IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? ✓

(Signed) A. J. O'Connell, M. D.
1/10, 1929 (Address) 312 E Main R E 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 West Mary Cemetery DATE OF BURIAL Jan 12 1929

20. UNDERTAKER John A. Muser ADDRESS 1415 315

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGB 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.

48
10
9
262
3
3
3

