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

Do not use this space.

3383

1. PLACE OF DEATH
County St. Louis
Township Ces Dual
City (No. 6414 Mount Ave St. Ward)
Registration District No. 789
Primary Registration District No. 60 3388
File No.
Registered No. 7

2. FULL NAME Amelia Scheag
(a) Residence. No. 6414 Mount Ave 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. 6 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: Benjamin Scheag

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 8 - 1900

7. AGE: Years 28 | Months 1 | Days 27 | 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): At Home
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis Co.
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Jacob Baier
11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis Co.
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Sarah Estleton
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis Co.
(STATE OR COUNTRY) Mo.

14. INFORMANT Benj. Scheag
(Address) 6414 Mount. Wellston Mo.

15. FILED 1/7 1929 Jocla Bracy M. D.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 5 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1928, to Jan. 5, 1929 that I last saw her alive on Jan. 5, 1929, and that death occurred, on the date stated above, at 6:25 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza - Pneumonia

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (SECONDARY) None

(duration) yrs. 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

(Signed) L. R. Phoavis, M. D.
1/6, 1929 (Address) 1448 Ferdinand

*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: Lumbo Cemetery Lumbo Mo.
DATE OF BURIAL: Dec 8 - 1929

20. UNDERTAKER: Schrader Und. Co.
ADDRESS: Ballwin 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.

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