

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

Do not use this space.

8553

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 1003  
City St. Louis (No. 3845 Louisiana Ave. St. .... Ward)

File No. ....  
Registered No. 2219

**2. FULL NAME** Christina Schuchmann

(a) Residence. No. 3845 Louisiana Ave. St. 16 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) Widow

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Wm. Schuchmann

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June, 23rd, 1870

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
<u>58</u>	<u>7</u>	<u>24</u>		

**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).....  
(STATE OR COUNTRY) Germany

10. NAME OF FATHER Christ Kuhn

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

12. MAIDEN NAME OF MOTHER Barbara Dolde

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

14. INFORMANT David Kuhn  
(Address) 3637 S. Compton Ave.

15. FILED FEB 18 1929 Max C. Franke REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

2 16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 16th. 1929

17. I HEREBY CERTIFY That I attended deceased from Oct 1925 to Feb 16th 1929 that I last saw her alive on Feb 16, 1929, and that death occurred, on the date stated above, at 4:30 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chronic Interstitial Nephritis  
131  
985/104W (duration) 1 yrs. 3 mos. 27 ds.  
CONTRIBUTORY (SECONDARY) Jangrene of leg (duration) 3 yrs. 3 mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH? home  
DID AN OPERATION PRECEDE DEATH? no DATE OF 4  
WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS? Urinalysis  
(Signed) Alberta Guffardt, M. D.  
Feb 18, 1929 (Address) 3438 Chippewa

\*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 New St. Marcus Genetery DATE OF BURIAL Feb. 19 - 19 29

20. UNDERTAKER Wacker-Helderle ADDRESS 2331 S. B'dway

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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