

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

Do not use this space.

36805

1. PLACE OF DEATH

County Franklin
Township Bocoup
City (No.)

Registration District No. 292
Primary Registration District No. 5410

File No.
Registered No.
St. Ward)

2. FULL NAME

Carolina Scheible

(a) Residence. No. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Andreas Scheible Sr.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 15 - 1853

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
	<u>76</u>	<u>5</u>	<u>28</u>	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9. BIRTHPLACE (CITY OR TOWN) Wheeling, W. Va.
(STATE OR COUNTRY)

10. NAME OF FATHER Fritz Oberg

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

12. MAIDEN NAME OF MOTHER Schleicher

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Wheeling, W. Va.
(STATE OR COUNTRY)

14. INFORMANT A. C. Scheible
(Address) Berger, Mo.

15. FILED 11/17/29 A. C. Scheible
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) NOV-15 19 29 11:30 PM

17. I HEREBY CERTIFY, That I attended deceased from Apr 3, 1919, to Nov 15, 1929 that I last saw her alive on Nov 15, 1929, and that death occurred, on the date stated above, at 11:30 P. M.

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:
92A Chronic valvular heart disease
(duration) 8 yrs. - mos. - ds.

CONTRIBUTORY (SECONDARY) 90W
(duration) - yrs. - mos. - ds.

18. WHERE WAS DISEASE CONTRACTED? at place of death
IF NOT AT PLACE OF DEATH,

19. DID AN OPERATION PRECEDE DEATH? no. DATE OF

20. WAS THERE AN AUTOPSY? no.
WHAT TEST CONFIRMED DIAGNOSIS? Physical
(Signed) John Engelbrecht, M. D.
11-16-1929 (Address) Stanhills, Mo.

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bethany Church DATE OF BURIAL Nov 18 19 29

20. URBERTAKER Norman Blumer ADDRESS Berger 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.

WHERE THE DEATH OCCURRED IN THE CITY OR TOWN OF ST. LOUIS, MISSOURI, THE DEATH SHOULD BE REPORTED TO THE HEALTH DEPARTMENT OF ST. LOUIS, MISSOURI.

36
1929

