

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

Do not use this space.

17958

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 1003  
City St. Louis (No. 5949 Cote Brilliant)

File No.....  
Registered No. 5106  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Olla Yosa Schofield  
(a) Residence. No. 5949 Cote Brilliant St. 6 Ward.

(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) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 26 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
61 7 28

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

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

10. NAME OF FATHER Theodore Demme

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

12. MAIDEN NAME OF MOTHER Cecilia Arnold

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

14. INFORMANT Phoe Schofield (Address) 5949 Cote Brilliant

15. FILED MAY 25 1930 May 25 1930 REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 24 1930

17. I HEREBY CERTIFY, That I attended deceased from Apr 6 1930 to May 24 1930 that I last saw her alive on May 23 1930 and that death occurred, on the date stated above, at 12:15 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Chronic Parenchymatous  
131 Nephritis  
93C  
102 (duration) 1 yrs. 0 mos. 0 ds.  
CONTRIBUTORY (SECONDARY) Myocarditis - Chr  
Nephritis (duration) 1 yrs. 0 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH 129 W

DID AN OPERATION PRECEDE DEATH? DATE OF \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) Frank Hirsch M. D. May 30 1930 (Address) Humboldt 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 Zions DATE OF BURIAL May 26 1930

20. UNDERTAKER Wm Paschedag ADDRESS 2825 70 Grand R

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.

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

23  
10

