

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

Do not use this space.
20550
20648

1. PLACE OF DEATH
 County St. Louis Registration District No. 1129
 Township Abbeville Primary Registration District No. 6248 File No. _____
 City St. Louis (No. St. Rose Hospital) Registered No. 176 St. _____ Ward _____

2. FULL NAME Mary Schempff
 (a) Residence No. 212 N. 10th St. _____ Ward Belleville, Ill.
 (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 F **4. COLOR OR RACE** W **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10/14/1857

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
72 7 18

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) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) French Village Ill.

10. NAME OF FATHER Morris Hutches

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

12. MAIDEN NAME OF MOTHER Annie T.

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

14. INFORMANT Daughter - Mrs. Pauline Pust
 (Address) Belleville, Ill.

15. FILED 6/3, 1930 L. C. Obrock
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6/2/30 1930

17. I HEREBY CERTIFY, That I attended deceased from 11/9/30
 _____, 19____, to 6/2/30, 19____
 that I last saw h. - y. alive on 6/2/30, 19____, and that death occurred, on the date stated above, at 9:25 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary tuberculosis
3 yrs.
 (duration) 1 yrs. 3 mos. - ds.

CONTRIBUTORY (SECONDARY) tuberculosis
 (duration) several yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Stigmata - X-ray
 (Signed) C. W. Ebers, M. D.
 _____, 19____ (Address) 9101 So. Broadway

*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 Belleville Ills. **DATE OF BURIAL** June 6, 1930

20. UNDERTAKER J. H. Gebken **ADDRESS** 2842 Bremer

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.

