

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

Do not use this space.

37223

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

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.

DEF 23 1930

1. PLACE OF DEATH
 County St. Louis Registration District No. 784
 Township St. Ferdinand Primary Registration District No. 6030
 City St. Louis (No. R.F.D. 14, Box 546, Baden Sta. Ward)

2. FULL NAME Caroline Schantz
 (a) Residence. No. R.F.D. 14, Box 546 St. 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Socrates Schantz

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 3, 1883

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
47 4 8

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work at home
 (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

PARENTS
 10. NAME OF FATHER John Forster
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany
 12. MAIDEN NAME OF MOTHER Unknower
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknower

14. INFORMANT Mrs. Socrates Schantz
 (Address) R.F.D. 14, Box 546 Baden Sta.

15. FILED 7275, 1930 Dr. Carl J. Kouby REGISTERAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 14 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 7 1930 to Nov 13 1930 that I last saw her alive on Nov 13 1930, and that death occurred, on the date stated above, at 3:55 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Dist. Intestinal Carcinoma
via
44 (duration) yrs. 6 mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH Lat. Bernard Hosp

DID AN OPERATION PRECEDE DEATH? Yes DATE OF about Oct 25, 1929

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) W. A. King Jr. M. D.
11-15-1930 (Address) 8612 Halls Ferry Rd

*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 Bethelhem DATE OF BURIAL Nov 17 1930

20. UNDERTAKER At Home L & W Co. 2707 N Grand ADDRESS

