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

Do not use this space.

40272

File No. 13

Registered No. 641

Registration District No. 641

Primary Registration District No. 4385

1. PLACE OF DEATH
County: Cass
Township:
City: Metz (No. ..... St. ..... Ward)

2. FULL NAME: Catherine Schangmeyer

(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.

JAN 21 1930

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF Joseph Schangmeyer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 28 1844

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	86	11	0	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Home-wife
(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 Frank Bostler
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Rosa Trafer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany

14. INFORMANT Jos. L. Schangmeyer
(Address) Metz

15. FILED June 30 1930 Robert Prater
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 28 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec. 23, 1930, to Dec. 28, 1930, that I last saw her alive on Dec. 27, 1930, and that death occurred, on the date stated above, at 10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia (Right)
104
163 (duration) yrs. mos. 5 ds.

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

18. WERE WE DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) S. E. Easton, M. D.
12/30, 1930 (Address) Metz.

*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: St Cecilia Cemetery — DATE OF BURIAL: 12/31 1930

20. UNDERTAKER: H. H. Strop — ADDRESS: Metz

N. B.—Every item of information should be carefully supplied. Not only does the CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.