

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

Do not use this space.

3130

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis (No. City, Infirmiary)..... St. Ward)

File No.
Registered No. 342
St. Ward)

2. FULL NAME

Josephine Schuro
(a) Residence, No. 5800 Arsenal St., 13 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 62 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) widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 - - -

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) 235
(c) Name of employer

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

PARENTS
10. NAME OF FATHER James Stagg
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Josephine Schuro
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

14. INFORMANT Mrs. Effinger
(Address) City of Infirmiary

15. FILED 38 19 1931
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 8 1931

17. I HEREBY CERTIFY, That I attended deceased from Oct 3, 1929, to January 8, 1931 that I last saw her alive on January 8, 1931, and that death occurred, on the date stated above, at 10:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hypertensive Heart disease
95C
95B (duration) 7 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) chronic myocarditis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Residence in St. Louis
IF NOT AT PLACE OF DEATH.....

DID OPERATION PRECEDE DEATH? no. DATE OF.....
WAS THERE AN AUTOPSY? no.
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Chas. C. Huntley, M. D.

, 19 (Address) City Hospital
*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 DATE OF BURIAL
St. Mathews Cemetery Jan 10 1931

UNDERTAKER ADDRESS
J. N. Gebken & Co. 2812 Miramonte

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.

