V. S. No. 2.

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.

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. 7005
Registered No. 20

1. PLACE OF DEATH
County: St. Louis
Township: Central
City: University City (No. 6600, Washington St., Ward)
Registration District No. 1160
Primary Registration District No. 4420

2. FULL NAME: Ella Schuler
(a) Residence. No. 6600 Washington St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 2 yrs. 1 mos. 16 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 11/2/1855

7. AGE: Years 75 | Months 3 | Days 6 | If LESS than 1 day, ...hrs. or ....min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Fountain County Ind.

PARENTS
10. NAME OF FATHER: Samuel H. Keller
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): X X
12. MAIDEN NAME OF MOTHER: Catherine Clodfelter
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): X X

14. INFORMANT: Mary E. Craig
(Address): 6600 Washington

15. FILED 2-9, 1931 Lina V. Moeller D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1931, to Feb. 7, 1931, that I last saw h. alive on Feb. 7, 1931, and that death occurred, on the date stated above, at 3:45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral Regurgitation
Gall Stones
(duration) ? yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Coryza.
(duration) yrs. mos. 2 0 ds.

18. WHERE WAS 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) J. Myers, M. D.
Feb. 9, 1931 (Address) 607 N. Grand Ave.

*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: Danville, Ill. | DATE OF BURIAL: Feby 10 1931

20. UNDERTAKER: Shepard Funeral Home | ADDRESS: 1167-69 Hamilton Ave