

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

Do not use this space.

16479

1. PLACE OF DEATH

County Registration District No. **791**
 Township Primary Registration District No.
 City **St. Louis Mo.** (No. **St. Anthony's Hospital**)

File No.
 Registered No. **5000**
 St. Ward

2. FULL NAME

(a) Residence No. **1268 A. Nebraska St. 13. 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) **Widowed**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Nov. 4th 1870**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 5 19

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) **St. Louis Mo!**

10. NAME OF FATHER **Charles Schindwein**
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Germany**
 12. MAIDEN NAME OF MOTHER **Mary Cappel**
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

14. INFORMANT **Geo. J. Heimbarger**
 (Address) **1268 A. Nebraska**

15. FILED **26 1931** REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **April 23rd 1931**

17. I HEREBY CERTIFY, That I attended deceased from **April 20**, 19**31**, to **April 22**, 19**31**, that I last saw him **alive on April 22**, 19**31**, and that death occurred, on the date stated above, at **5 P.** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of Pancreas
Haemorrhagic Pancreatitis
46 F
129 (duration) yrs. mos. **3** ds.

CONTRIBUTORY (SECONDARY) **46 F** (duration) yrs. mos. ds.

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

1. DID AN OPERATION PRECEDE DEATH? **yes** DATE OF.....
 WAS THERE AN AUTOPSY? **yes**
 WHAT TEST CONFIRMED DIAGNOSIS **autopsy**
 (Signed) **W. Schindwein** M. D.
 , 19 (Address) **2711 Harris St. St. Louis Mo**

*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. Peter & Pauls C.** DATE OF BURIAL **April 27th 1931**

20. UNDERTAKER **J. H. Kern L. & U. Co** ADDRESS **2628 Grover**

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.

