

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

Do not use this space.

32842

1. PLACE OF DEATH

County Registration District No. 701
 Township Primary Registration District No. 1603
 City St. Louis. (No. 3836 Indiana Ave.) St. Ward)

File No.
 Registered No. 9709
 St. Ward)

2. FULL NAME

Agnes Schliemann.
 (a) Residence, No. 3836 Indiana Ave. St. 24 Ward. (If nonresident, give city or town and State)
 (Usual place of abode)
 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married.</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Aloys Schliemann</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 23, 1852.</u>		
7. AGE	YEARS <u>79</u>	MONTHS <u>4</u>
	DAYS <u>20.</u>	If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc..... <u>At home.</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.....
	10. Date deceased last worked at this occupation (month and year).....
	11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

FATHER 13. NAME Anton Schramm.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

MOTHER 15. MAIDEN NAME Caroline Lenhardt.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

17. INFORMANT (ADDRESS) Anna Mierth 3836 Indiana Ave.

18. BURIAL, CREMATION, OR REMOVAL

SS. Peter & Paul Cemetery DATE Sept. 16, 1931

19. UNDERTAKER (ADDRESS) J. N. Kubben & Co 2842 Leraene Street.

20. FILED SEP 15 1931 Registrar W. C. Starkey

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 13, 1931.

22. I HEREBY CERTIFY, That I attended deceased from Aug. 24, 1931, to Sept. 13, 1931.
 I last saw her alive on Sept. 13, 1931. Death is said to have occurred on the date stated above, at 3:00 p. m.
 The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach
46B 46B
 Other contributory causes of importance: none

Name of operation none Date of
 What test confirmed diagnosis? clinical finding Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury, 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify
 (Signed) Frank J. Schwanz, M. D.
 (Address) 1530 Virginia Ave.

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.

