

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

Do not use this space.

2238

1. PLACE OF DEATH

County St. Louis
Township Bonhomme
City Valley Park (No.)

Registration District No. 785
Primary Registration District No. 6031

File No.
Registered No. 10
St. Ward)

2. FULL NAME

Caroline West
(a) Residence. No. Valley Park Mo St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widow</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Richard West

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept-23-1856

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>75</u>	<u>4</u>	<u>2</u>	

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

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

PARENTS	10. NAME OF FATHER <u>Charles Schuchman</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	12. MAIDEN NAME OF MOTHER <u>Elizabeth Jekemier</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>

14. INFORMANT Thomas West
(Address) Valley Park Mo

15. FILED 1/26, 1932 P. E. Barrett REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan-25 1932

17. I HEREBY CERTIFY, That I attended deceased from 2-21 1920 to 1-24 1932 that I last saw him alive on 1-24 1932 and that death occurred, on the date stated above, at 3-45 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arteriosclerosis

CONTRIBUTORY (SECONDARY) Myocarditis (duration) 1 yrs. 11 mos. ds.

(duration) 6 yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED St. Louis
IF NOT AT PLACE OF BIRTH

DID AN OPERATION PRECEDE DEATH? DATE OF 1
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. P. Knobbe, M. D.
1-28, 1932 (Address) Valley Park 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 Oak Hill Cem - Hickwood Mo DATE OF BURIAL Jan-27 1932

20. UNDERTAKER Schneider U. Co ADDRESS Ballerin Mo

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.

FEB-25 1932

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