

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

Do not use this space.

3186

**1. PLACE OF DEATH**

County..... Registration District No. 7  
Township..... Primary Registration District No. 3100  
City St. Louis (No. 4330) Cherry Lane

File No. ....  
Registered No. 957  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 4330 Cherry Lane St. 17 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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 1<sup>st</sup> 1866

7. AGE YEARS 66 MONTHS 7 DAYS 26 If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home 235

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) St. Louis, Mo

FATHER 13. NAME Henry Syling

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Knoxville

MOTHER 15. MAIDEN NAME " "

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

17. INFORMANT Henry Schuchardt (ADDRESS) 4330 Cherry Lane

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DAY Jan 30<sup>th</sup> 19. 32

19. UNDERTAKER Walter Schmidt (ADDRESS) 2134 S. Grand Blvd

20. FILED W. C. Standen Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 27<sup>th</sup> 1932

22. I HEREBY CERTIFY, that I attended deceased from Jan 19 1932, to Jan 27 1932

I last saw her alive on Jan 27 1932. Death is said to have occurred on the date stated above, at 12:59 p.m.

The principal cause of death and related causes of importance were as follows:  
Chronic Myocarditis Date of onset Jan 14

Other contributory causes of importance:  
none

Name of operation Autopsy Date of .....  
What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? (1) Date of injury ..... 19.....

Where did injury occur? (1)  
(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 A. J. Thompson M. D.  
(Signed) (Address) 3014 1/2 Jefferson

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.

