

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis Registration District No. 791

Township St. Louis Primary Registration District No. 10000

City St. Louis (No. St. Luke's Hosp.)

File No. 6240

Registered No. 1270

St. _____ Ward)

2. FULL NAME

(a) Residence, No. St. Luke's Hosp. 12 Ward Edwardsville, Ill.
(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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 6th 1909

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
22 7 29

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Stenographer
(b) General nature of industry, business, or establishment in which employed (or employer) 5
(c) Name of employer American Electric Co

9. BIRTHPLACE (CITY OR TOWN) Edwardsville
(STATE OR COUNTRY) Illinois

10. NAME OF FATHER William H. Schafer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Edwardsville
(STATE OR COUNTRY) Illinois

12. MAIDEN NAME OF MOTHER Alia Grainey

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Edwardsville
(STATE OR COUNTRY) Illinois

14. INFORMANT Chester Schafer
(Address) St. Louis, Mo.

15. FEB - 8 1932 FILED Max C. Stuber REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 4th 1932

17. I HEREBY CERTIFY, That I attended deceased from January 26th, 1932 to February 4th, 1932 that I last saw her alive on February 4th, 1932, and that death occurred, on the date stated above, at 2:30 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

acute cerebral meningitis
Tubercular Meningitis
2 1/2 yrs (duration) - yrs. - mos. 16 ds.
CONTRIBUTORY (SECONDARY) acute Rhinitis and Pharyngitis
non diphtheritic (duration) - yrs. - mos. 18 ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF 0

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS Liquor Puncture
(Signed) M. C. Dauer, M. D.

. 19 (Address) 3720 Washington

*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 Madison Co. Ill
Calvary Cemetery DATE OF BURIAL Feb 7th 1932

20. UNDERTAKER W. C. Straub ADDRESS Edwardsville Illinois

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.

MISSOURI STATE BOARD OF HEALTH—THIS IS A PERMANENT RECORD

10.