

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  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

17623

1. PLACE OF DEATH

County .....

Registration District No. 791

Township .....

Primary Registration District No. 10083

City *St. Louis, Mo.* (No. *4106 Glad Ave*)

File No. *4553*

Registered No. *4553*

2. FULL NAME *Dorothea Schoenthaler*

(a) Residence, No. *4106 Glad Ave* St. *17* Ward.

Length of residence in city or town where death occurred *40* yrs. mos. ds.

(If nonresident, give city or town and State)

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 *Friedrich C Schoenthaler*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec 2 1888*

7. AGE YEARS *93* MONTHS *5* DAYS *7* 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.

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) *New York 2*

13. NAME *J Thorman*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany 10*

15. MAIDEN NAME *L. Myerow*

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

17. INFORMANT *Fred C Schoenthaler* (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL *Place St. Maries Cemetery DATE 5/11/32*

19. UNDERTAKER *Henry Schwegler* (ADDRESS)

20. FILED *1932* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 9 1932*

22. I HEREBY CERTIFY, That I attended deceased from *May 4 1932* to *May 9 1932*

I last saw her alive on *May 7 1932* Death is said to have occurred on the date stated above, at *6 a* m.

The principal cause of death and related causes of importance were as follows:

*Chronic myocarditis  
Chronic Nephritis  
both of long duration*

Other contributory causes of importance: *932*

Name of operation *1321* Date of *1932*

What test confirmed diagnosis? *(D)* Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? 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) *W B Mardock*

(Address) *2136 Grand St*

