

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

Do not use this space.

28026

1. PLACE OF DEATH

County.....

Registration District No. 7911

Township.....

Primary Registration District No. 7012

City St. Louis (No. City Hospital)

File No.

Registered No. 7910

St. Ward)

2. FULL NAME

(a) Residence, No. 3627 Finney St. 11 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

female white single

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

Sept. 1st - 1918

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

13 11 29

OCCUPATION

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

School

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)

Cook Station, Missouri

MOTHER FATHER

13. NAME Charles Schwack

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

Steelville Missouri

15. MAIDEN NAME Emma Stinner

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

Steelville Missouri

17. INFORMANT (ADDRESS)

Hospital information City Hospital

18. BURIAL, CREMATION, OR REMOVAL

PLACE Steelville Mo DATE Sept 1, 1932

19. UNDERTAKER (ADDRESS)

Oscar J. Hoffmeister 4016 Olive St.

20. FILED: 30 1932, 19

W. E. Starker Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug, 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 16th, 1932, to Aug, 30, 1932

I last saw her alive on Aug 30th, 1932 Death is said to have occurred on the date stated above, at 2.50 am

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

Subsidiary Tuberculosis

Other contributory causes of importance: 23A 1

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? yes

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) Maurice G. Greer, M. D.

(Address) City Hospital

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

