WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

37368

1. PLACE OF DEATH

County ..... Registration District No. .....

Township ..... Primary Registration District No. .....

City St. Louis (No. City Hospital St. ..... Ward)

File No. .....

Registered No. 10005

2. FULL NAME Dorthey Elizabeth Schatz

(a) Residence, No. 2845 Indiana Avenue St., 24 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED [redacted] (OR) WIFE OF Robert Schatz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 14 1879

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	53	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-wife 186

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home 2/99

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 10.3

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio 2

FATHER

13. NAME August Koch

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mrs. Anna Stien 2845 Indiana Avenue

18. BURIAL, [redacted]

PLACE Hiram Park Cem DATE Nov. 14 1932

19. UNDERTAKER (ADDRESS) A. W. McLaughlin 1631 Missouri Ave

20. FILED NOV 12 1932 Max C. Starkloff Registrar.

MEDICAL CERTIFICATE OF DEATH

No Physician in Attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 11 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 1.45 AM

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

Internal Injury & Haemorrhage
Fractured Ribs
Fall down Stairs

Date of onset

Other contributory causes of importance: Accident (7) 1

186 A

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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 10-22, 1932

Where did injury occur? St. Louis Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Fall down Stairs

Nature of injury Fractured Ribs

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. A. Kerner M. D.

(Address) Deputy Coroner 11/12/32