

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.

37630

1. PLACE OF DEATH

County..... Registration District No. 701
 Township..... Primary Registration District No. 1007
 City St. Louis (No. 3650, Minnesota Ave St. Ward.....

File No. 10307

2. FULL NAME

(a) Residence, No. 3650 Minnesota Ave. 24 Ward.....
 (Usual place of abode)

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. (If nonresident, give city or town and State)

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 August Schrah

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 23-1871

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	60	11	29	

OCCUPATION 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. 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) Centralia Ills?

MOTHER 13. NAME Betty Stock

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) August Schrah at 3650 Minnesota Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Missouri Crematory DATE Nov 24 1932

19. UNDERTAKER (ADDRESS) Wacker & Helderle 2331 S. Grand St. St. Louis

20. FILED NOV 22 1932 Wm C. Parker Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 29 1932 to Nov 21 1932

I last saw her alive on 21 Nov 1932 Death is said to have occurred on the date stated above, at 19¹⁰ A m.

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

Diabetic Coma
59

Diabetes Mellitus

Other contributory causes of importance:

None 56

Name of operation..... Date of.....
 What test confirmed diagnosis?..... 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) William Smith M. D.
 (Address) 1019 S. Murray

Date of onset 1932
April

