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.

37930

File No. .....

Registered No. 10639

1. PLACE OF DEATH

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

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

City St Louis (No. ISOLATION HOSPITAL ..... St. ..... Ward)

2. FULL NAME Henrietta Schaffner

(a) Residence, No. 2836 Oregon St., 24 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 58 yrs. 9 mos. 12 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) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 18, 1874

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
58	9	12	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hirk

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) St Louis Missouri

FATHER

13. NAME Anton Machan

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

MOTHER

15. MAIDEN NAME Louise ~~[illegible]~~ Unknown

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

17. INFORMANT (ADDRESS) Leona Burns ISOLATION HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

PLACE St Johns Vertle DATE Dec 2 1932

19. UNDERTAKER (ADDRESS) Hy Leidner Und Co 1417 N. Market St.

20. FILED DEC -1 1932 Lee C Harker Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from January, 16, 1930, to November 30, 1932

I last saw her alive on November 29, 1932. Death is said to have occurred on the date stated above, at 12:20 A. m.

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

	Date of onset
Tuberculosis of Lungs	1925
23 A	
93 C 23	
Other contributory causes of importance:	
Chr Myocarditis	1932

Name of operation none Date of .....

What test confirmed diagnosis? Sputum Was there an autopsy? No

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 no

(Signed) Henry J Ulrich, M. D.

(Address) ISOLATION HOSPITAL