

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

Do not use this space.

41724

1. PLACE OF DEATH

County..... Registration District No.....
 Township..... Primary Registration District No.....
 City St. Louis (No. Peabody Hospital) St. Ward)

File No.....
 Registered No. 10794

2. FULL NAME

(a) Residence, No. 6257 Reber Pl. 3 Ward.
 (Usual place of abode) (If nonresident, give city or town and State)

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.

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 George L. Schaefer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 22 - 1886

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>46</u>	<u>0</u>	<u>11</u>	

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

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

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) Philadelphia Pa.

13. NAME Michael Cashel

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) George L. Schaefer
6257 Reber Pl.

18. BURIAL, CREMATION, OR REMOVAL PLACE Our Lady of Lourdes Pl. DATE Dec 3

19. UNDERTAKER (ADDRESS) Frank Halden
2331 1/2 Douglasway

20. FILED DEC -6 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 3rd 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 14 to Dec 3 1932

I last saw her alive on Dec 3 1932 Death is said to have occurred on the date stated above, at 6P m.

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

Cerebral Hemorrhage
229
102

Date of onset

Other contributory causes of importance:

Hypertension

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

What test confirmed diagnosis?..... 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.....
 (Signed) Dr. Williamson M. D.
 (Address) 3902 Lafayette

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.

