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

Do not use this space.

15133

File No. .....

Registered No. 3659

1. PLACE OF DEATH

County ..... Registration District No. 701 1007

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

City St. Louis Mo. (No. 3340 Michigan Av. St. ..... Ward)

2. FULL NAME Elizabeth Scheibel

(a) Residence, No. 3346 Michigan Av St., 16 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 John Scheibel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 8th 1858

7. AGE: Years 74 Months 5 Days 13 If LESS than 1 day, ...hrs. or ....min.

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. Home

10. Date deceased last worked at this occupation (month and year) Aug 29-1929

11. Total time (years) spent in this occupation 30 Years

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

FATHER

13. NAME Xavier X Grimmig

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

MOTHER

15. MAIDEN NAME Not known

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

17. INFORMANT (ADDRESS) John Scheibel 3340 Michigan Av

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Burial Park DATE April 24th, 1933

19. UNDERTAKER (ADDRESS) J H Gebken L & U. Co 2608 Gravois

20. FILED APR 25 1933, 19.. Mat C Starkloff Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 21th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1928, to April 21, 1933

I last saw her alive on April 21, 1933 Death is said to have occurred on the date stated above, at 9 10 a.m.

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

Apoplexy 9 5 C 45 A 10 A

Date of onset 4/19/33

Other contributory causes of importance:

Chr Myocarditis
Hypertension

Name of operation None 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) Eugene A Vogel, M. D.

(Address) 3132 Chestnut

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.

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

3132 Cherokee St
9-10 a.m. 2-3 P.m
7-8 P.m