

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

Do not use this space.

**1. PLACE OF DEATH**

County ..... Registration District No. 791  
 Township ..... Primary Registration District No. 791  
 City St. Louis (No. City Hospital #1) St. ..... Ward) 3983

17805

**2. FULL NAME**

(a) Residence, No. 3221 1/2 Indiana Ave Ward. 24  
 (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) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 9 - 1856

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
77 2 22

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. "

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 Charles Mo

13. NAME Unknown

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) Charles Schaller 3221 1/2 Indiana Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Missouri Cymatary May 4 1933

19. UNDERTAKER (ADDRESS) Walter Jeldorfe 2132 37 Broadway

20. FILED 7-10-33 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1 1933

22. I HEREBY CERTIFY, That I attended deceased from St. Louis Mo 19... to... 19...  
 I last saw h. .... alive on... 19... Death is said to have occurred on the date stated above, at 5:15 pm.  
 The principal cause of death and related causes of importance were as follows:

Fractures of skull received while struck by auto in St. Louis, Mo.  
 Deceased was a pedestrian.  
 Other contributory causes of importance: Accident

Date of onset 3/1/33

Name of operation 240 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? Accident Date of injury 7/29, 1933  
 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. Public Place  
 Manner of injury Struck by auto  
 Nature of injury Fractures of skull

24. Was disease or injury in any way related to occupation of deceased? .....  
 If so, specify .....  
 (Signed) W. J. Greaney M.D.  
 (Address) St. Louis Mo

5/3/33

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.

