

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

Do not use this space.

18423

1. PLACE OF DEATH

County..... Registration District No. 7830
Township..... Primary Registration District No. 700022
City St. Louis (No. 1368, Belt Ave)

File No.....
Registered No. 4678
St. Ward)

2. FULL NAME Annie Schnute

(a) Residence, No. St. 12 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
abt 71 - - - -

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

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. Louis

MOTHER FATHER 13. NAME Thomas Bamrick

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

15. MAIDEN NAME Unknown

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

17. INFORMANT Frank P. Bamrick (ADDRESS) 1368 Belt Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE May 29 1933

19. UNDERTAKER Arthur J. Donnelly and Co (ADDRESS) 3844 Grand St. St. Louis

20. FILED 14 1933 John Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/26 1933

22. I HEREBY CERTIFY, That I attended deceased from 5/25 1933, to 5/26 1933

I last saw her alive on 5/26 1933 Death is said

to have occurred on the date stated above, at 5:00 p.m.

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

apoplexy
cerebral hemorrhage
87 A

Date of onset 5/24/33

Other contributory causes of importance: J. D. W.

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? Yes

If so, specify.....

(Signed) J. Schuman, M. D.

(Address) 8321 2nd Bldg

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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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Dr. D. F. B. Higgins
8321 N. Broadway

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