

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.

24704

1. PLACE OF DEATH

County ..... Registration District No. 191  
Township ..... Primary Registration District No. 1003  
City ..... (No. 4734 Anderson Ave)

File No. ....  
Registered No. 6105  
St. .... Ward)

2. FULL NAME

Margaret Schaefer  
(a) Residence, No. 4734 Anderson St. Ward. ....  
(Usual place of abode)  
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. (If nonresident, give city or town and State)

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 William Schaefer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-22-1863  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
70 3 17

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.  
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) Germany

13. NAME John Krey

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

15. MAIDEN NAME Elizabeth Auweiler

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

17. INFORMANT (ADDRESS) William Schaefer  
4734 Anderson Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Dalway DATE 7-13, 1933

19. UNDERTAKER (ADDRESS) H. A. Stock and Co  
2117 E. Grand Blvd

20. FILED 12 1933 J. T. Bredeck  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 14, 1930, to July 9, 1933

I last saw HER alive on July 9, 1933. Death is said to have occurred on the date stated above, at 11 A m.

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

Coronary Thrombosis

Other contributory causes of importance:  
Chronic myocarditis, chronic nephritis, Carcinoma of left mammary gland

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? If so, specify .....

(Signed) H. J. Melrose M. D.  
(Address) 3621 N. 20th Str.

Dr. Schlegel

36212