

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

Do not use this space.

28265

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis** (No. **City**, **Nauplate**)

File No.
Registered No. **7399**
St. Ward)

2. FULL NAME

(a) Residence, No. **23 4715 18th** St. **23** Ward.

(Usual place of abode) Length of residence in city or town where death occurred **50** 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 **Albert Johns**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb 4 1867**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	66	6	22	

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

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

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) **Princeton Mo**

13. NAME **Clement Schindler**

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

15. MAIDEN NAME **Katherine Bergel**

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

17. INFORMANT **Thos Inf City Hosp**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New SS Peter & Paul** DATE **August 29 1933**

19. UNDERTAKER (ADDRESS) **E. J. Schmyr 3125 Lafayette av.**

20. FILED **28 1933** **J. W. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug 26 1933**

22. I HEREBY CERTIFY, That I attended deceased from **7-24 1933**, to **8-26 1933**

I last saw her alive on **8-26 1933**. Death is said to have occurred on the date stated above, at **9:20 a.m.**

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

Cerebral thrombosis
87

Other contributory causes of importance

Name of operation Date of
What test confirmed diagnosis? **Clin. Path.** Was there an autopsy? **Yes**

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) **W. J. ...** M. D.
(Address) **City St. Louis**

WRITE PAINLY 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.

SEP 26 1933

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