WRITE PLAINLY, 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.

OCT 20 1933

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

Do not use this space.

31024

File No.

Registered No. 7701

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St. Louis Mo. (No. 3948 So. Broadway St. ..... Ward)

2. FULL NAME Elizabeth M. Schaffner

(a) Residence. No. 3948 So. Broadway St., 24 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Fred Schaffner

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 21-1873

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
59	10	13	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Wife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Millstadt Ill

PARENTS

10. NAME OF FATHER John Rudolf

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Millstadt Ill.

12. MAIDEN NAME OF MOTHER Charlette Mehl

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

14. INFORMANT Fred Schaffner
(Address) 3948 So. Broadway

15. FILED SEP -6 1933 J. F. Bredeck REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 4 - 1933.

17. I HEREBY CERTIFY, That I attended deceased from Nov. 18th, 1932 to Sept. 4, 1933 that I last saw her alive on Sept. 4, 1933 and that death occurred, on the date stated above, at 9:05 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Bronchitis, Asthma and Valvular Lesions of the heart with myocarditis
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Wm. F. Simon, M. D.
9/5, 1933. (Address) 1115 Victor St. Phone: Grand 0078

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Millstadt Ill.	Sept. 6 - 1933.
20. UNDERTAKER	**ADDRESS**
Ziegenhein Bros. 2643	Cherokee St.

AUG 8 1957