

WHITE 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.

JAN 3 1934

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. 103
City St. Louis Mo. (No. city, Sanitarium) St. Ward)

File No. 38248
Registered No. 9889
St. Ward)

2. FULL NAME

(a) Residence, No. 4333 West Clayton St. 16 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. + mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 16, 1933

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

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1933, to Nov 16, 1933

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 26, 1902

I last saw her alive on Nov 15, 1933. Death is said to have occurred on the date stated above, at 2:30 A. m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 31 5 22

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

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

Chronic myocarditis Date of onset 7/7/30

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) Nov 15, 1933 11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Missouri

MOTHER FATHER 13. NAME Rudolph Scholtz

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Michigan

MOTHER 15. MAIDEN NAME Caroline Willman

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

17. INFORMANT Dr. G. Gutter (ADDRESS) 5400 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE Nov 17, 1933

19. UNDERTAKER J. H. Gibbons & Co. (ADDRESS) 78 1/2 Myrtle St.

20. FILED 16 1933 J. F. Bredeck Registrar.

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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? _____
If so, specify no

(Signed) Dr. G. Gutter, M. D.
(Address) 5400 Arsenal St.

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