

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

Do not use this space.

41843

PLACE OF DEATH

County..... Registration District No. 701
 Township..... Primary Registration District No. 77
 City St. Louis (No. 1333; S. Broadway St. 10885 Ward)

2. FULL NAME

(a) Residence, No. 1331 S. Broadway St., 28 Ward. (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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 10 - 1863

7. AGE YEARS 70 MONTHS 2 DAYS 7 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as pianer, 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) St. Louis Mo

13. NAME Carl Schurz

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Fred Zeige (ADDRESS) 1331 S. Broadway

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Pauls Churchyard DATE Dec 21 1933

19. UNDERTAKER Wacker-Heldler (ADDRESS) 2331 S. Broadway

20. FILED 12/19/33 J. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 17 1933

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at 11:45 am.

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

Chr. Myocarditis
ABC
0130

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? no

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) Harold Schurz M.D.
12/19/33 (Address) St. Pauls Churchyard

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 26 1934

