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.

MAR 24 1934

H. H. [illegible] 510
3627 Ohio.
Do not use this space.

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

791

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 6592

Township ..... Primary Registration District No. ..... Registered No. 1435

City St Louis (No. 6319 Louisiana Av. St. ..... Ward)

2. FULL NAME Emma A Schertel (Schertel)

(a) Residence, No. 6319 Louisiana Av St., 1 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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Michael Schertel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 26 - 1873

7. AGE YEARS 61 MONTHS — DAYS 13 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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) St Louis Mo.

FATHER
13. NAME Fred Busse
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Edw. Schertel. 414 Le-Moy.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Trinity Cem DATE Feb 12 1934

19. UNDERTAKER (ADDRESS) Jos. P. Fendler Jr. 7128 Michigan

20. FILED FEB 9 1934 J S Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 8th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 7th, 1934, to Feb. 8th, 1934
I last saw her alive on Feb. 8th, 1934. Death is said to have occurred on the date stated above, at 5 10 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis with Acute Dyscompensation	2/6/34
59	
936	
958	
Other contributory causes of importance: Diabetis Mellitus	2 yrs

59

Name of operation — Date of .....
What test confirmed diagnosis? Urinalysis 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? No
If so, specify .....
(Signed) H C Klopper, M. D.
(Address) 3627 Ohio

1934
61
73