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.

96

APR 25 1934

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

Do not use this space.

10334

File No.

Registered No. 81

1. PLACE OF DEATH

County St Louis — Registration District No. 789

Township Central — Primary Registration District No. 6033-C

City Overland (No. 2840 N. Wise St. Ward)

2. FULL NAME Lucy E Schnebly

(a) Residence, No. 2840 N-Wise St., 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 21-1861

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
72	7	12	

OCCUPATION

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

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) 1932

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morrowtown, O.

FATHER

13. NAME unknown

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

MOTHER

15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Raymond L. Schnebly 2840 N-Wise

18. BURIAL, CREMATION, OR REMOVAL PLACE Val Halla Cem DATE Mar 20 1934

19. UNDERTAKER (ADDRESS) Baumann Bros undco 2504 Woodson Rd Overland Mo

20. FILED 3-19- 1934 H A Boehmer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-10, 1934, to 3-19, 1934

I last saw her alive on 3-18, 1934. Death is said to have occurred on the date stated above, at 7:15 a.m.

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

	Date of onset
Carcinoma of uterus	O.K.
48	
111 B	
48	

Other contributory causes of importance:

Hypostatic pneumonia	2-17-34

Name of operation none Date of

What test confirmed diagnosis clinical & physical 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) S. R. Rubtarin, M. D.

(Address) 2564 Woodson ave

Dr Richtarsic