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

Do not use this space.

10647

APR 25 1934

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. 2468

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

City St Louis Mo (No. Christian Hosp. St. ..... Ward)

2. FULL NAME Elizabeth Schnell

(a) Residence, No. 4143 Ashland Ave St., 10 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 12 - 1864

7. AGE: YEARS 69 | MONTHS 4 | DAYS 26 | 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): Germany

FATHER

13. NAME: Got Herring
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Not known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Joseph Schnell 4143 Ashland ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Zion's DATE Mar 12, 1934

19. UNDERTAKER (ADDRESS): Hy Leidner Und Co 4417 N. Market St.

20. FILED MAR 14 1934, 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from March 8th, 1934, to March 8th, 1934
I last saw her alive on March 8th, 1934. Death is said to have occurred on the date stated above, at 9:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated Inguinal	
Hernia, left 27 hours	
Gangrene of Small Intestines	
Other contributory causes of importance:	
Chronic Myocarditis	1930

Name of operation Abdominal Section Date of 3/8/34
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? no
If so, specify .....
(Signed) Edwin J. Frolich, M. D.
(Address) 3635 Nor Newstead Ave

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.

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