

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.

APR 25 1934

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

Do not use this space.

10862

1. PLACE OF DEATH

County _____
Township _____
City St. Louis

Registration District No. 791
Primary Registration District No. 1003

File No. _____
Registered No. 2709
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 5753 Cates St., 5 Ward.
(Usual place of abode)

(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 T. G. Sherwood
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 28 1853
7. AGE YEARS 80 MONTHS 9 DAYS 19 If LESS than 1 day, _____ hrs. or _____ min.
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) New York

13. NAME Wm Schuller

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Arthur Sherwood (ADDRESS) 5753 Cates Av.

18. BURIAL, CREMATION, OR REMOVAL Valhalla Crematory DATE May 19 1934

19. UNDERTAKER Craig Undertaking Co. (ADDRESS) 1467 Washington Blvd

20. FILED 28 1934 J. F. Bredbeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 17 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 12, 1934 to March 17, 1934.
I last saw her alive on March 17, 1934. Death is said to have occurred on the date stated above, at 2.30 p.m.

The principal cause of death and related causes of importance were as follows:
Fracture Right Hip Date of onset Feb 12/34
Branch pneumonia Sept 19/34
5 days

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury Oct 13 1934
Where did injury occur? Residence 5902 Cates Ave
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In home
Manner of injury Fall on stairway
Nature of injury Fracture Right Hip

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) H. G. Tucker M. D.
(Address) 5902 Maple Ave

