

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.

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis** (No. **10113 Michigan Ave**)

File No. **10910**
Registered No. **2760**
St. Ward

2. FULL NAME

Rosnia Schachtile

(a) Residence, No. **10113 Michigan St.** 1. Ward.

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. (If nonresident, give city or town and State)

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 Martin		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 19 1863		
7. AGE YEARS 70	MONTHS 10	DAYS IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home	
	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) Hungarian		
MOTHER FATHER	13. NAME Jacob Schivale	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hungarian	
	15. MAIDEN NAME Elizabeth Dellmann	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hungarian		
17. INFORMANT (ADDRESS) Joseph Schachtile 10113 Michigan		
18. BURIAL, CREMATION, OR REMOVAL PLACE S.S. Peter Paul DATE Nov 22, 1933		
19. UNDERTAKER (ADDRESS) Funeral Home Co 7819 Michigan		
20. FILED APR 25 1934 J. J. Medved Registrar.		

MEDICAL CERTIFICATE OF DEATH
No Cert. no attending

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **3/19/1934**

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 **12:30 p.m.**
The principal cause of death and related causes of importance were as follows:
Chr. Myocarditis
Date of onset

Other contributory causes of importance:
932

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 G. ...**
(Address) **...**

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