

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.

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

Do not use this space.

MAY 25 1934

11398

1. PLACE OF DEATH

County ..... Registration District No. ....  
Township ..... Primary Registration District No. **791**  
City ST. Louis (No. 6 Em Route City Hospital #1) Registered No. **3315**  
St. .... Ward)

2. FULL NAME Lillian Schottel

(a) Residence, No. 5509 Magnolia St. 13 Ward. (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) child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 30 1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
1 8 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. infant  
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) ST. Louis (STATE OR COUNTRY) Mo

13. NAME John Schottel

14. BIRTHPLACE (CITY OR TOWN) ST. Louis (STATE OR COUNTRY) Mo

15. MAIDEN NAME Lillian Spnka

16. BIRTHPLACE (CITY OR TOWN) ST. Louis (STATE OR COUNTRY) Mo

17. INFORMANT John Schottel (ADDRESS) 5509 Magnolia

18. BURIAL, CREMATION, OR REMOVAL St Peter + Paul Ch DATE 4/3 1934

19. UNDERTAKER Crown Hill Co Inc (ADDRESS) 7406 Washington Ave

20. FILED PR -2 1934 J. S. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/31 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 10:30 a.m.

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

Ammonia Poisoning Date of onset  
which child drank at  
residence 179X

Other contributory causes of importance:

Name of operation ..... Date of ..... 7/2

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 3/31, 1934

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) J. S. Bredeck  
(Address) St. Louis

