

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

Do not use this space.

1. PLACE OF DEATH

County St Louis
Township Central
City Overland

Registration District No. 489
Primary Registration District No. 6033B
(No. 9713 hickland ave)

File No. 21753
Registered No. 178
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2713 hickland St., _____ 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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Thos F Johnson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 15 - 1901</u>		
7. AGE	YEARS <u>32</u>	MONTHS <u>11</u>
	DAYS <u>8</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at home</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Nov 19 33</u>	
	11. Total time (years) spent in this occupation <u>8 yrs</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St Louis</u>		
FATHER	13. NAME <u>Jos. P. Schultz</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St Louis, Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Margaret - Daven</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St Louis, Mo.</u>	
17. INFORMANT (ADDRESS) <u>Thos F Johnson 2713 hickland Overland Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE: <u>Calvary Cem.</u> DATE <u>6-26-1934</u>		
19. UNDERTAKER (ADDRESS) <u>Burmann Burial Co. Inc 7504 Woodson Rd Overland Mo.</u>		
20. FILED <u>6-25-1934</u> <u>H. A. Bachman</u> Registrar		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 11 1934 to June 23 1934
last saw her alive on June 23 1934 Death is said to have occurred on the date stated above, at St. Louis m.
The principal cause of death and related causes of importance were as follows:
Griming abortion and General Septicemia
Date of onset 1-5-34

Other contributory causes of importance:
Enterocolitis 75 6.21.34

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? No
If so, specify _____
(Signed) H. T. Gorman M. D.
(Address) Pattonville Mo

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.

JUL 13 1934

WRITE PLAINLY, WITH UNFADING INK—THIS IS A

