

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

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.

**1. PLACE OF DEATH**

County.....  
Township.....  
City St. Louis, Mo. (No. 3414 Dunnica)

Registration District No. 791  
1003  
Primary Registration District No. ....

File No. 22166  
Registered No. 6283  
St. '..... Ward)

**2. FULL NAME** Mary Summerville Schaezel

(a) Residence, No. 3414 Dunnica St. 16 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) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 9th, 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
76 6 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

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) St. Louis County, Missouri

FATHER 13. NAME John Meyer

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

MOTHER 15. MAIDEN NAME Henrietta Osick

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

17. INFORMANT (ADDRESS) George Henry Schaezel 3414 Dunnica

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Paul DATE June 27, 1934

19. UNDERTAKER (ADDRESS) Wick Bros 2201 S. Grand Blvd.

20. FILED 27 1934 19 J. M. Brebeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 24th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 29th, 1933, to June 24th, 1934

I last saw her alive on June 24, 1934 Death is said

to have occurred on the date stated above, at 12:00 P.M.

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

Carcinoma of both breasts - 50  
50  
Date of onset

Other contributory causes of importance:

Name of operation Pain (Refused) Date of .....

What test confirmed diagnosis? Alcohol 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) Red Steen , M. D.

(Address) 3606 Grand

Dr. C. W. ...

3606 Havers

11-12<sup>am</sup> M.