

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

Do not use this space.

26124

1. PLACE OF DEATH

92 County St. Charles Registration District No. 757
 4 Township St. Charles Primary Registration District No. 3036
 3 City St. Charles (No. Emmanuel Home St. _____ Ward _____)

File No. _____
 Registered No. 113

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. New Orleans La.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 26 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>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 11 1882</u>		
7. AGE YEARS <u>52</u>	MONTHS <u>1</u>	DAYS <u>10</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____		
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) <u>Louisiana</u>		
13. NAME <u>Not known</u>		
14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) _____		
15. MAIDEN NAME _____		
16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) _____		
17. INFORMANT <u>Philippine Hoffman</u> (ADDRESS) <u>Emmanuel Home St. Charles Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Emmanuel Cemetery</u> PLACE <u>St. Charles Mo</u> DATE <u>July 23, 1934</u>		
19. UNDERTAKER <u>Heinrich</u> (ADDRESS) <u>St. Charles Mo</u>		
20. FILED <u>2</u> 19 <u>34</u> Registrar _____		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1934 to July 21, 1934.
 I last saw him alive on July 21, 1934. Death is said to have occurred on the date stated above, at 3:40 p.m.
 The principal cause of death and related causes of importance were as follows:
Heat Insulation July 20
191 805
 Other contributory causes of importance:
Gen. Art. Sclerosis

Name of operation _____ Date of _____
 What test confirmed diagnosis? Sign. Sigm. pt. Was there an autopsy? Yes

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) Al. Erich Schuch, M. D.
 (Address) S. Schuch

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. AUG 16 1934

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

