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

Do not use this space.

27267

File No. 7507

Registered No.

1. PLACE OF DEATH

County .... Registration District No. 791

Township .... Primary Registration District No. 1003

City Saint Louis (No. 1457 N. Union Blvd. St. [redacted] Ward)

2. FULL NAME Susan Rebecca Shryer

(a) Residence, No. 1457 N. Union Blvd. St., 6 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May. 21, 1862.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
	72	2	4	

OCCUPATION

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

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) Kentucky

FATHER

13. NAME Thomas C. Hanberg

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

MOTHER

15. MAIDEN NAME A. Williams

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

17. INFORMANT J. B. Shryer
(ADDRESS) 1457 N. Union.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hopkinsvill, Ky. DATE July 27, 1934

19. UNDERTAKER Philip Mc Lemig
(ADDRESS) 4468 Washington Blvd.

20. FILED .... 19.... J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-25, 1934

22. I HEREBY CERTIFY, That I attended deceased from 4-5-32, 19..., to 7-25-34, 19...

I last saw her alive on 7-25, 1934. Death is said to have occurred on the date stated above, at 11:03 pm.

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

Senility

165

191

Other contributory causes of importance:

General debility and Hart Elevation

Name of operation none Date of ....

What test confirmed diagnosis? Clinical Was there an autopsy? ....

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) T. J. Farmer M. D.

(Address) Metropolitan Bldg.

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.

AUG 15 1934

2 2 2

100M-11-24-33