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.

OCT 11 1934

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

Do not use this space.

34328

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 9121

City St. Louis, (No. 2327 Tennessee Ave St. ..... Ward)

2. FULL NAME Bertha Schanuel

(a) Residence, No. 2327 Tennessee Ave St., 17 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 50 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 21. 1856

7. AGE: YEARS 77 MONTHS 11 DAYS 20 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife 46
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 93
10. Date deceased last worked at this occupation (month and year): .....
11. Total time (years) spent in this occupation: 97

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

FATHER

13. NAME: Charles Landgraf
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Sofia Herrling
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Bertha Seibert, 2327 Tennessee Ave

18. BURIAL, CREMATION, OR REMOVAL: Sun Set Burial Park DATE Sept. 14, 1934

19. UNDERTAKER (ADDRESS): Wm. C. Maydell, 1926 Allen Ave

20. FILED: [illegible], 19 J. F. Bredeck, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): September, 11 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 25, 1929, to Sept. 10, 1934

I last saw her alive on Sept 10th, 1935 Death is said to have occurred on the date stated above, at 4 A.M.

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

	Date of onset
Primary Carcinoma of the Liver	Jan 1934
Other contributory causes of importance:	
Arteriosclerosis & Hypertension	1929
Myocardial Degeneration	1929

46

Name of operation: Refuser Date of X

What test confirmed diagnosis? Mass. 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) Mitte E. Frank, M. D.

(Address) 1405 S. Broadway