JAN 14 1935

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

Do not use this space.

45169

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. Mo Baptist Hospital St. ..... Ward)

File No. 12326

Registered No. .....

2. FULL NAME Elizabeth Schlaffer

(a) Residence, No. 4018 N. 9th St., 26 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: 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 18th 1872

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
62	1	10	

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) Austria

FATHER

13. NAME Frank Urban

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

MOTHER

15. MAIDEN NAME not known

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

17. INFORMANT (ADDRESS) John Schlaffer 4018 N 9th St

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary DATE Dec 31st 1934

19. UNDERTAKER (ADDRESS) Edward Koch 3516 N 14th St

20. FILED DEC 29 1934 Jos. F. Bredeck Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 28th 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 23 1934, to Dec. 28th 1934

I last saw h. alive on Dec 27 1934. Death is said to have occurred on the date stated above, at 8 a.m.

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

	Date of onset
Hemiplegia (non Traumatic)	12/23

Other contributory causes of importance:

Chron (nephritis) (Interstitial)
Arterial Sclerosis
Hypertension

Name of operation ..... Date of .....

What test confirmed diagnosis? Urinalysis (Coma) 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) Alfred Leo Pogler, M. D.

(Address) 4244 W. Florissant Ave

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.

Dr A. D. Hogler