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.

APR 9 1935

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

Do not use this space.

10695

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St Louis (No. 2025 Farrar Ave St. ..... Ward)

File No. .....

Registered No. 2313

2. FULL NAME MARIE SCHILLER

(a) Residence, No. 2025 Farrar St., 26 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: 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) Jan 11th 1877

7. AGE: 58 YEARS | MONTHS: 1 | DAYS: 30 | If LESS than 1 day, ... hrs. or ..... min.

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 Hungaria

FATHER

13. NAME Wentzel Schiller

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

MOTHER

15. MAIDEN NAME not known

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

17. INFORMANT (ADDRESS) John Schiller 2025 Farrar St

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary DATE March 13th 1935

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

20. FILED MAR 11 1935 Jos F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 10 - 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 26th (26) 1935, March 10 - 1935

I last saw her alive on March 10, 1935. Death is said to have occurred on the date stated above, at 5.55 p.m.

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

Acute Myocarditis - Complicating Peritonitis - which developed following removal of Gangrenous appendix

Date of onset

Other contributory causes of importance: Attack of Gout - 2 years ago

Name of operation Mendelsohn Date of Feb 28 35

What test confirmed diagnosis Operation 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) W S McCall, M. D.

(Address) 2806 Hadley St St Louis Mo