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.

11065

File No. 791

Registered No. 2696

Registration District No. 1003

Primary Registration District No.

1. PLACE OF DEATH

County

Township

City St. Louis, Mo. (No. 5036, Gerritt St. Ward)

2. FULL NAME Mrs. Amanda Taube

(a) Residence, No. 5036 Gerritt St., 15 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 56 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 August L. Taube

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 17, 1876

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
58	5	3	

OCCUPATION

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

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) Germany

FATHER

13. NAME John Schuman

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

MOTHER

15. MAIDEN NAME Wilhelmina ?

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

17. INFORMANT Mr. Walter Taube
(ADDRESS) 5036 Gerritt

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Trinity Cemeter DATE March 23, 1935

19. UNDERTAKER Biederwieden Funeral Home, Inc.
(ADDRESS) 1936 St. Louis Avenue

20. FILED MAR 23 1935 J. H. Biedeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1935, to March 20, 1935

I last saw her alive on March 20, 1935. Death is said to have occurred on the date stated above, at 8:00 A.M.

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

Cerebral Hemorrhage (Apoplexy) — Date of onset 1 day

Other contributory causes of importance: Arteria Sclerosis — 1 yr

Name of operation — Date of

What test confirmed diagnosis? Physical Exam. 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. H. Walters, M. D.

(Address) 3608 S. Ed. St. Louis, Mo.