

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

Do not use this space.

**JUL 24 1935**

**20361**

**1. PLACE OF DEATH**

County Marion Registration District No. 547  
 Township Hannibal Primary Registration District No. 3029  
 City St. Elizabeth Hospital (No. St. Elizabeth Hosp.) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 174  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Anna M. Schaller

(a) Residence, No. Palmyra, Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 4 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edward Schaller

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)**

AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. min.
<u>2</u>	<u>56</u>	<u>1</u>	<u>17</u>	

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

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) Marion County Missouri

**MOTHER FATHER** 13. NAME

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

15. MAIDEN NAME Anna Keape

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

17. INFORMANT Edward Schaller  
 (ADDRESS) Palmyra, Mo.

18. BURIAL, CREMATION, OR REMOVAL Palmyra Mo.  
 PLACE Greenwood Cem. DATE 6/12/35

19. UNDERTAKER Lewis Brown  
 (ADDRESS) Palmyra, Mo.

20. FILED June 11, 1935 Ed Schaller Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 7, 1935, to June 9, 1935.  
 I last saw her alive on June 9, 1935. Death is said to have occurred on the date stated above, at 8:50 a. m.

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

*Generalized Peritonitis Ruptured Appendix*

Other contributory causes of importance: \_\_\_\_\_

*General sepsis drainage of abscess*

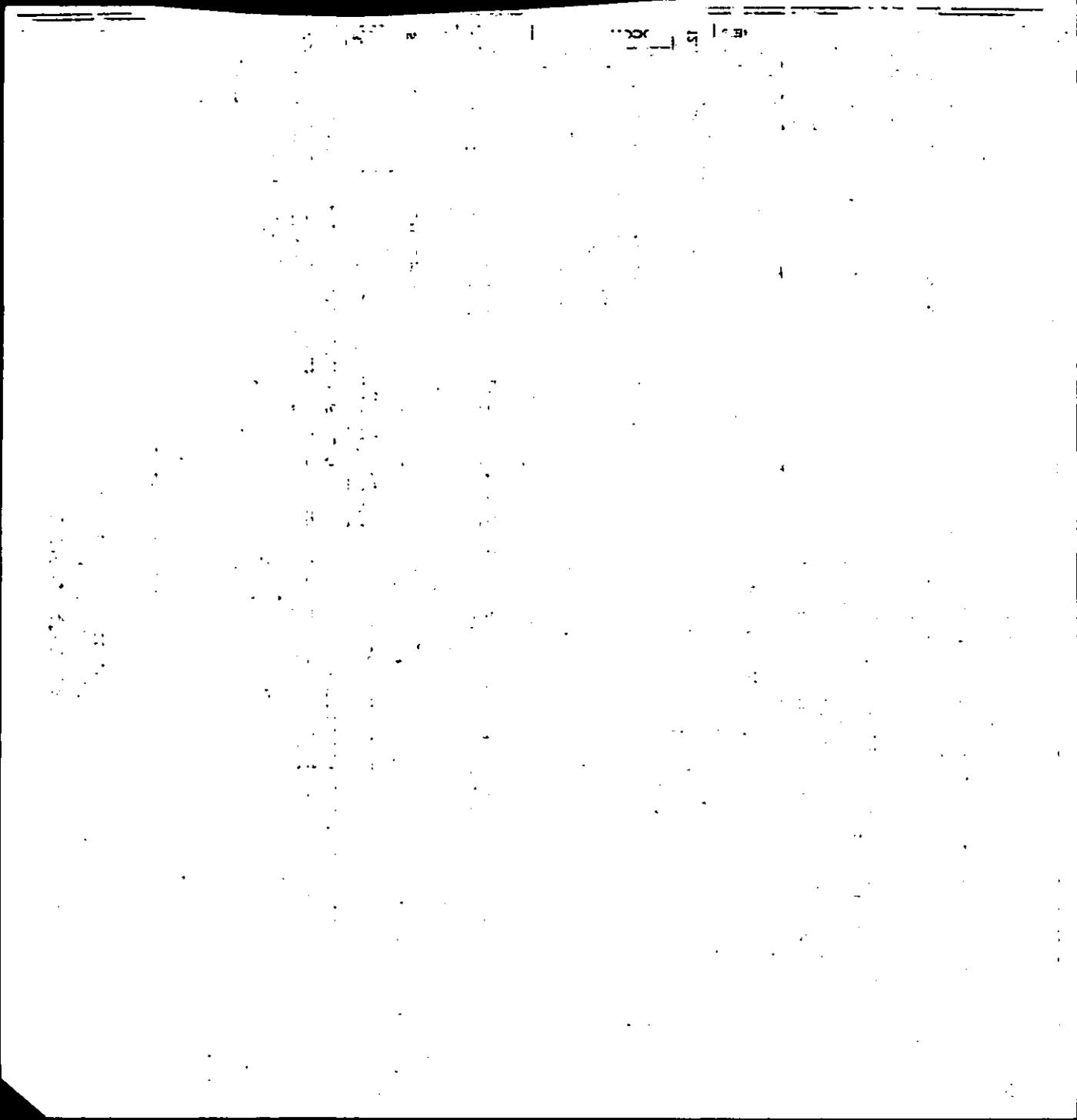
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) Ed Schaller, M. D.

(Address) 1705 Palmyra Ave. Palmyra, Mo.



**MISSOURI STATE BOARD OF HEALTH**  
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**CERTIFICATE OF DEATH**

ALL INFORMATION CALLED  
 Do not use this space  
 FOR MUST BE WRITTEN ON  
 THIS SUPPLEMENTARY,

**1. PLACE OF DEATH**

County Marion Registration District No. 547 File No. \_\_\_\_\_  
 Township \_\_\_\_\_ Primary Registration District No. 3029 Registered No. 174  
 City Hannibal (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Anna M Schaller

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ 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 <u>7</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>M.</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 22 1879</u>		
7. AGE	YEARS	MONTHS
	<u>26</u>	<u>1</u>
		<u>17</u>
If LESS than 1 day, _____ hrs. or _____ min.		

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

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) \_\_\_\_\_

13. NAME \_\_\_\_\_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

15. MAIDEN NAME \_\_\_\_\_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT (ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE \_\_\_\_\_ DATE \_\_\_\_\_ 19\_\_\_\_

19. UNDERTAKER (ADDRESS) \_\_\_\_\_

20. FILED May 6 1935 E. M. Lucey Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9 1935

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_. I last saw him/her alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_

(Signed) J. P. Reichmann, M. D.  
 (Address) Hannibal Mo

20361

AUG 6

1952