

'AUG 22 1935

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

Do not use this space.

24176

1. PLACE OF DEATH

County St. Charles  
Township St. Charles  
City St. Charles (No. Emergency Home)

Registration District No. 757  
Primary Registration District No. 5998

File No. ....  
Registered No. 98 St. .... Ward)

2. FULL NAME

Maggie Schloctemeyer

(a) Residence, No. Washington, Mo. St. Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. 9 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

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 3rd 1858

7. AGE YEARS 76 MONTHS 11 DAYS 3 If LESS than 1 day, .... hrs. or .... min.

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) Unknown

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Emma's Home Near St. Charles, Mo. (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter's Cemetery DATE July 9 1935

19. UNDERTAKER Washington, Mo. (ADDRESS)

20. FILED 7/8 1935 Charles E. Mueller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6<sup>th</sup> 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 15 1934 to July 6<sup>th</sup> 1935. I last saw him alive on July 3<sup>rd</sup> 1935 Death is said to have occurred on the date stated above, at 3 P. m.

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

Lobar Pneumonia 3 days ago

Other contributory causes of importance:

Sen Art Sclerosis

Name of operation None Date of ..... What test confirmed diagnosis? By report 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? None (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) A. P. Schnus, M. D. (Address) St. Charles, Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

