

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.

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

Do not use this space.

AUG 9 1935

24407

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City St Louis (No. 3656, Russell)

File No.
Registered No. **5780**
St. Ward

2. FULL NAME

(a) Residence, No. 3656 Russell St., 17 Ward.

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 5, 1935

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

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1934, to July 5, 1935. I last saw her alive on July 5, 1935. Death is said to have occurred on the date stated above, at 11 a. m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 16, 1843

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin. 91 6 19

Bronch pneumonia Date of onset

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

930

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

Other contributory causes of importance: Chronic myocarditis with dilatation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

13. NAME unknowen

Name of operation Date of What test confirmed diagnosis? Was there an autopsy?

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

15. MAIDEN NAME unknowen

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)

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

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Chester J. Schmidt (ADDRESS) 5937 Marquette

Manner of injury Nature of injury

18. BURIAL, CREMATION, OR REMOVAL PLACE Talkalla Crematory DATE 7-8-35 19

24. Was disease or injury in any way related to occupation of deceased?

19. UNDERTAKER (ADDRESS) J. J. Zugenheim & Sons 4027 Travis

If so, specify (Signed) A. H. Daniel, M. D.

20. FILED JUL 10 1935 J. P. Bredeck Registrar.

(Address) 146 S. 3rd St

THE UNIVERSITY OF CHICAGO

PHYSICS DEPARTMENT

CHICAGO, ILLINOIS

OFFICE OF THE DEAN

1155 EAST 58TH STREET

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