

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

Do not use this space.

AUG 9

24730

**1. PLACE OF DEATH**

County.....  
Township.....  
City St Louis

Registration District No. **791**  
**1003**  
Primary Registration District No.....  
(No. 1116 S. 18 th Str)

File No.....  
Registered No. **6162**  
St. .... Ward)

**2. FULL NAME** Lizzie W. Aders

(a) Residence, No. 1116 S 18 th Str St. 27 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**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED <u>HUSBAND</u> (OR) WIFE OF <u>Leroy Aders.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>August 20 1883</u>		
7. AGE YEARS <u>41.</u>	MONTHS <u>10.</u>	DAYS <u>26.</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>		
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) St Louis  
(STATE OR COUNTRY) Mo.

13. NAME Fred Knollhoff

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

15. MAIDEN NAME Ella Duncan

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

17. INFORMANT Leroy Aders  
(ADDRESS) 1116 S 18 th Str

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Trinity Rth. Cem 7/19/35

19. UNDERTAKER W. H. Kuehler  
(ADDRESS) 2301 Lafayette

20. FULL JUL 19 1935  
J. P. Predeck  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17, 1935

22. I HEREBY CERTIFY that I attended deceased from July 1, 1935 to July 17, 1935

I first saw him alive on July 17, 1935. Death is said to have occurred on the date stated above, at 12:30 p.m.

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

Chronic Arthritis Deformans Date of onset 1918  
93C  
Other contributory causes of importance:  
Chronic Myocarditis 1925

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? No.

If so, specify.....

(Signed) J. Louis Schuchat, M. D.

(Address) 2707 Chauveau Ave

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.

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