

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

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City St. Louis (No. Lutheran Hospital) Registered No. **24817**
 St. Ward **6250**

2. FULL NAME

(a) Residence, No. 2918-513th St., 24 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 22 - 1862

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day,hrs. ormin.
	<u>72</u>	<u>9</u>	<u>0</u>	

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

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) St. Louis Mo

13. NAME Phillip Schell

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Nary Jarns 2918-513th

18. BURIAL, CREMATION, OR REMOVAL PLACE Old St. Marcus DATE July 24 30

19. UNDERTAKER (ADDRESS) Wacker Selderle 2331 Broadway

20. FILED JUL 22 1935 J. J. Bradeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22 1935

22. I HEREBY CERTIFY That I attended deceased from June 5 1935, to July 22 1935

I last saw him alive on July 22 1935. Death is said to have occurred on the date stated above, at 5:30 p.m.

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

Chronic Myo. Carditis. Date of onset

Other contributory causes of importance: 930

Name of operation..... Date of.....

What test confirmed diagnosis? Physian 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) Frank Sanchez, M. D.

(Address) 1319 10. Alley

