

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.

AUG 9 1935

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

Do not use this space.

791
1003

24974

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City S. Louis, Mo. (No. In Forest Park)

File No.....
Registered No. 6410
St..... Ward.....

2. FULL NAME Katie Schuller

(a) Residence, No. 213 Lami Street St. 23 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Christ Schuller		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1884		
7. AGE	YEARS	MONTHS
About 51		
8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri		
13. NAME Robert Klayman		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri		
15. MAIDEN NAME Elizabeth (Unknown)		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany		
17. INFORMANT (ADDRESS) <u>Christ Schuller</u> <u>213 Lami Street</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Matthew</u> DATE <u>July 29</u> , 19 <u>35</u>		
19. UNDERTAKER (ADDRESS) <u>Frank Bova</u> <u>2201 S. Grand Boulevard</u>		
20. FILED <u>JUL 29 1935</u> <u>J. Bredeck</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 3:25 p. m.

The principal cause of death and related causes of importance were as follows:
Chr. Myocarditis
Chr. Endocarditis

Other contributory causes of importance:
131

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

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) [Signature], M. D.
(Address) [Signature]

7/29/35

