

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

Do not use this space.

NOV 2 1935

791  
1003

31245

1. PLACE OF DEATH

County ..... Registration District No. ....  
Township ..... Primary Registration District No. ....  
City St. Louis (No. Seasons Hospital) St. .... Ward) .....

File No. ....  
Registered No. 8045

2. FULL NAME

(a) Residence, No. 15923 Theodosia Ave. 6 Ward. (If nonresident, give city or town and State)  
(Usual place of abode)

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) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Trog  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 10, 1850  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
85 6 13

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. At home  
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) Germany

13. NAME Dont know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know

15. MAIDEN NAME Dont know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know

17. INFORMANT Mrs Adelia Schueler  
(ADDRESS) 5923 Theodosia Ave.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE De Pese, Mo. DATE Sept. 25, 1935

19. UNDERTAKER Geo. L. Plitich Inc  
(ADDRESS) 5966 Eastern Ave.

20. FILED SEP 25 1935 19 St. Bredeck  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1935, to Sept 23, 1935  
I last saw h<sup>e</sup>r. alive on Sept 22, 1935. Death is said to have occurred on the date stated above, 4:00 a.m.  
The principal cause of death and related causes of importance were as follows:

Broncho-Pneumonia Date of onset 9/15/35

Other contributory causes of importance:  
Chronic  
Renal hypertension  
Nephritis

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 Clyde B. Kane, M. D.  
(Signed) 4625 Newberry  
(Address)

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.

NO COPY RESERVED FOR BINDING

100M-11-24-23

Dr. G. H. ...

4625 Newbury Terrace

Re. 1686 7th 90m