

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.

NOV 27 1935

33851

1. PLACE OF DEATH

96 County St. Louis Registration District No. 790
Township _____ Primary Registration District No. 60332
City Wentzville (No. Schleytown St. Louis St. _____ Ward) _____

2. FULL NAME

May Schlegel
(a) Residence, No. Douglas Hill Farm, Ironport Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 1/2 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Un-

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 20, 1858

7. AGE YEARS 77 MONTHS 8 DAYS 12 IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

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) MO

13. NAME Henry William

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

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Matilda Pringle

17. INFORMANT (ADDRESS) Joseph Belmont

18. BURIAL, CREMATION, OR REMOVAL PLACE Black Oak Cem. DATE Oct. 5, 1935

19. UNDERTAKER (ADDRESS) Deborah Funeral Home

20. FILED 10/4 1935 W. J. Fagnorelli Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from 9/30, 1935 to 10/2, 1935
I last saw her alive on 10/2, 1935. Death is said to have occurred on the date stated above, at 10:50 a.m.

The principal cause of death and related causes of importance were as follows:
83° Per Myocarditis
Chronic Hypertension
Capillary Sclerosis
Sclerosis

Other contributory causes of importance:
None

Name of operating physician _____ Date of _____
Where confirmed diagnosis _____ Was there an autopsy? Refused

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) R. W. Schlegel M. D.
(Address) St. Louis 90 St. Mary

This patient in hospital short period,
and therefore. OK of Coroner,
Due to senility (extreme) did not do
autopsy.