

JAN 13 1936

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

Do not use this space.

41117

1. PLACE OF DEATH

County.....  
Township.....  
City.....  
No. ....

Registration District No. 791  
Primary Registration District No. 10003

File No. ....  
Registered No. 10324  
St. .... Ward)

2. FULL NAME LIDA Hazel Schivens

(a) Residence, No. 4051 Russell St. Ward 17  
(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 *S* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *Divorced*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *James Melus*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct 23, 1879*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
*57 1. 12.*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Hook*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *own home*

10. Date deceased last worked at this occupation (month and year) II. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *New York*

13. NAME *Leo Breuk*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *New York*

15. MAIDEN NAME *Eliza Brent*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Geneva*

17. INFORMANT *Step J. B. Keefe*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Walhall* DATE *12-7* 19*35*

19. UNDERTAKER (ADDRESS) *C. D. Rupton & Sons, 414 79 Olive St.*

20. FILED *REG - 1330* 19*35* *J. Bredek* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec 5, 1935*

I HEREBY CERTIFY, That I attended deceased from *12/4*, 19*35*, to *12/5*, 19*35*.

I last saw *her* alive on *12/5*, 19*35*. Death is said

to have occurred on the date stated above, at *928*.

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

*acute Bronchitis* Date of onset

*to Broncho pneumonia*

Other contributory causes of importance: *107*

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

What test confirmed diagnosis?..... Was there an autopsy?.....

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) *Step J. B. Keefe* M. D.

(Address) *City, St. Louis*

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.

H. L. A. Motchan  
City Hospital  
St. Louis, Mo