

FEB 11 1936

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

Do not use this space.

1. PLACE OF DEATH

County

Registration District No.

Township

Primary Registration District No.

City St. Louis (No. 9515, Consytlama)

791

1003

3022

File No.

Registered No. 221 St. Ward)

2. FULL NAME

(a) Residence, No. St., / 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 26, 1920</u>		
7. AGE	YEARS <u>15</u>	MONTHS <u>0</u>
	DAYS <u>9</u>	IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Student</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Cleveland H. S.</u>
	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 Paul E Schujahn14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bowling Green Ky.15. MAIDEN NAME Flora Bernd16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saconade mo.17. INFORMANT Paul Schujahn (ADDRESS) 7515 Ramsay18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Hope Cem. DATE 1-7-193619. UNDERTAKER C. Hoffmeyer, West Co. (ADDRESS) 7814 S. Broadway20. FILED -7-1032 19. J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 5, 193622. I HEREBY CERTIFY, That I attended deceased from Nov. 23, 1935, to Jan 5, 1936I last saw h. er. alive on Jan 5, 1936. Death is said to have occurred on the date stated above, at 2:40 a.m.

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

1. Acute orbital Abscess secondary to chronic parietal meningitis -
2. Basilar meningitis -
3. persistent. (Brain Abscess)

Other contributory causes of importance:
Non-Epidemic Meningitis
Perforated Asthma
and debility of

Name of operation Radical Echinoid Date of Nov-30-35
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury No, 19...Where did injury occur? none (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 David P. Ferris M. D.(Signed) David P. Ferris (Address) 937 No. Walnut Blg

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.

Rocky Mountain

Forest

ms. The Stars 130 29

Jeff 6147