

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

Do not use this space.

**MAR 23 1936**

6846

**1. PLACE OF DEATH**

County Miller Registration District No. 6  
Township Boag's Landing Precinct Registration District No. 5759 B  
City St. Elizabeth (No. \_\_\_\_\_) \_\_\_\_\_ 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 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 24 1857

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
78 10 15

OCCUPATION  
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.  
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. Thomas  
D. C. Mo

FATHER  
13. NAME Bernard Bax  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER  
15. MAIDEN NAME Katherine Buckman  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Geo. Cress  
St. Elizabeth Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Elizabeth Mo DATE Feb 12 1936

19. UNDERTAKER (ADDRESS) H. H. Trope  
Meta, Mo

20. FILED 2-10 - 1936 Geo B Schneiderman Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 9 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 29 1936 to Feb 9 1936  
I last saw her alive on Feb 9 1936. Death is said

to have occurred on the date stated above, at 3:30 P. M.  
The principal cause of death and related causes of importance were as follows:

Heart Block Date of onset Feb 9

Other contributory causes of importance:

Asthma

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? no 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 \_\_\_\_\_  
(Signed) B. M. Schaefer M. D.

(Address) St. Elizabeth Mo.

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.

