MAR 12 1936

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

Do not use this space.

8417

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 2099

City St. Louis (No. St. Johns Hospital St. ..... Ward)

2. FULL NAME Gertrude M. Schade

(a) Residence, No. ..... St., NR Ward. Perry Ville Mo
(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: 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: Henry Schade

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 19th 1865

7. AGE: YEARS 70 MONTHS 3 DAYS 6 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Keeper
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): Missouri

FATHER

13. NAME: Vincent Moore
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky.

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Floyd Schade 2616 Margaretta Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Perryville Mo DATE Feb. 27th 1936

19. UNDERTAKER (ADDRESS): Albert H. Hoppe Inc 429 N. Euclid Ave.

20. FILED FEB 25 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 25th, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 7th, 1936, to Feb 25, 1936
I last saw her alive on Feb 24, 1936 Death is said to have occurred on the date stated above, at 4 A m.
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset 2/21/36

1860

Other contributory causes of importance:
Coronary Artery Disease
Intertrochanteric fracture left femur 2/7/36

Name of operation ..... Date of .....
What test confirmed diagnosis? Uncal Was there an autopsy? —

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 2/7, 1936
Where did injury occur? in Perryville Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Slipped on pavement
Manner of injury Fracture of femur
Nature of injury slipped on ice

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify .....
(Signed) Pierce W. Powers M. D.
(Address) 2531 S. Jefferson

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.