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.

APR 25 1936

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

Do not use this space.

12291

1. PLACE OF DEATH
County St Louis — Registration District No. 788 — File No.
Township Cent-Jeff — Primary Registration District No. 4471 — Registered No. 30
City Webster Groves (No. 847 Providence St. Ward)

2. FULL NAME Virginia de Liniere Oschee
(a) Residence, No. 847 Providence 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. 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 Arthur W.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-22-1897

7. AGE: YEARS 38 — MONTHS 2 — DAYS 26 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife
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 Louis Mo

FATHER
13. NAME Paul de Liniere
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

MOTHER
15. MAIDEN NAME Louise W. Karsch
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT (ADDRESS) Edna de Liniere 5475 Cabanne

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE St. Peters St L Co DATE March 21 1936

19. UNDERTAKER (ADDRESS) Alexander & Sons 6175 Delmar Blvd.

20. FILED 3-20- 1936 Jules R. Yore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from May, 1930, to March 18, 1936
I last saw her alive on March 18, 1936 Death is said to have occurred on the date stated above, at 6.35 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	March 12
Massive at side	36

Other contributory causes of importance:

108

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 Frank R. Thompson
(Signed) 3701 Goodwin M. D.
(Address) St Louis Mo