APR 11 1936

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

Do not use this space.

791

12477

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. .....

Township St. Louis Primary Registration District No. ..... Registered No. 2498

City ..... (No. ..... Macouess Hospital St. ..... Ward)

2. FULL NAME Catherine Schobert

(a) Residence, No. 220 North Spring St., 19 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 23 1864

7. AGE: YEARS 71 MONTHS 2 DAYS 11 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
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): Seymour Indiana

FATHER

13. NAME: John Schobert
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany

MOTHER

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

17. INFORMANT (ADDRESS): Wm Schobert Seymour, Indiana

18. BURIAL, CREMATION, OR REMOVAL PLACE New St Marcus DATE March 6th 1936

19. UNDERTAKER (ADDRESS): Wm C. Robert L. & U. Co. 1905 S. Grand Blvd

20. FILED MAR 5 1936 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 4th 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 29, 1936, to March 4, 1936

I last saw her alive on March 4, 1936 Death is said to have occurred on the date stated above, at 10.45 P.m.

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

	Date of onset
Chronic arthritis	1925
Chronic Endocarditis	1925

Other contributory causes of importance:

Coronary Embolism	Feb 29 1936

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

What test confirmed diagnosis? 92 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) Adam G Youngman, M. D.

(Address) 5439 Gravois

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.