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.

APR 11 1936

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

1. Do not use this space.

12846

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 1003

Township ..... Primary Registration District No. 1003 Registered No. 2901

City St Louis (No. 819 N. 20th St. ..... Ward)

2. FULL NAME Frances Schinall

(a) Residence, No. 819 N. 20 St., 21 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF B. Schinall (George)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 27, 1886

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
50	0	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) Ark.

FATHER

13. NAME Green Branscomb
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.

MOTHER

15. MAIDEN NAME Avery Brancomb
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.

17. INFORMANT (ADDRESS) George Schinall 819 N. 20th St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Father Dickson DATE 3/17/36, 1936

19. UNDERTAKER (ADDRESS) Woods Funeral Home 2723 Dickson St

20. FILED MAR 17 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 12, 1936

22. I HEREBY CERTIFY: That I attended deceased from March 8, 1936, to March 12, 1936

I last saw her alive on March 12, 1936. Death is said to have occurred on the date stated above, at 6 P. m.

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

	Date of onset
Pericarditis	3/8/36
Other contributory causes of importance:	
Acute Rheumatism	1/10/36

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 —

(Signed) T. J. Jones, M. D.

(Address) 2530 Franklin St Louis Mo