

WRITE CLEARLY, 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.

*Sanford*

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

Do not use this space.

MAY 27 1936

16757

1. PLACE OF DEATH

County *St. Louis*  
Township *Mummae*  
City (No. \_\_\_\_\_) \_\_\_\_\_ (No. \_\_\_\_\_) \_\_\_\_\_ (No. \_\_\_\_\_) \_\_\_\_\_ (Ward \_\_\_\_\_)

Registration District No. *787*  
Primary Registration District No. *6.0.34*

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

2. FULL NAME

*Louisa Schupp*

(a) Residence, No. *Chesterfield, Mo.* St. \_\_\_\_\_ Ward. \_\_\_\_\_

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *84 yrs. 11 mos. 3 ds.* How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. \_\_\_\_\_

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widowed</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>John Schupp</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>May-2-1851</i>				
7. AGE	YEARS <i>84</i>	MONTHS <i>11</i>	DAYS <i>3</i>	IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housewife</i>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Own home</i>
	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 Co. Mo.*

13. NAME  
*Unknown*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
*Unknown*

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT *Mrs. Otto Probst*  
(ADDRESS) *Chesterfield, Mo.*

18. BURIAL, CREMATION, OR REMOVAL  
PLACE *St. John's Cem. - Callender* DATE *Apr-8-1936*

19. UNDERTAKER *Schradler's Funeral Home*  
(ADDRESS) *Ballwin, Mo.*

20. FILED *April 6, 1936* *Mrs. X. X. X.*  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Apr-5-1936*

22. I HEREBY CERTIFY, That I attended deceased from *March 28, 1936* to *April 3, 1936*  
I last saw her alive on *April 3, 1936* Death is said to have occurred on the date stated above, at *11-A.m.*

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

*Chronic Myocarditis*  
*Chronic Bronchitis*  
*Senility*

Other contributory causes of importance \_\_\_\_\_  
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? *no*

If so, specify \_\_\_\_\_

(Signed) *Henry Seast*, M. D.  
(Address) *Ballwin, Mo.*

Edward J. [unclear]