MAY 27 1936

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

Do not use this space.

16834

1. PLACE OF DEATH
County St. Louis — Registration District No. 790 — File No.
Township Central — Primary Registration District No. 6033a — Registered No. 166
City Clayton, Mo. (No. St. Louis Co. Hospital (Katherine Schumacher) Ward)

2. FULL NAME Katherine Schumacher
(a) Residence, No. 1055 Suburban Terris 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5, 1870

7. AGE: YEARS 65 — MONTHS 11 — DAYS 21 — If LESS than 1 day, ...hrs. or ....min.

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) Illinois

FATHER
13. NAME Charles Goedde
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER
15. MAIDEN NAME Regenia Marxer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Mrs. L. O. Goedde, 3100 Washington Blvd.,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE April 28/36.

19. UNDERTAKER (ADDRESS) Jas. W. Clark, 1125 Hodiamont Ave.,

20. FILED 4-27 1936 Dr. J. Figuorelli Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-26, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-1, 1936, to 4-26, 1936
I last saw her alive on 4-26, 1936. Death is said to have occurred on the date stated above, at 7:20 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4/24/36
Other contributory causes of importance:	
Carcinoma of Cervix	?

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

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) R. C. Long, M. D.
(Address) St. Louis Co. Hosp.

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.