

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.

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

Do not use this space.

16951

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003 File No.
City St. Louis (No. Missouri Baptist Hospital) Registered No. 3702
Ward)

2. FULL NAME

(a) Residence, No. 4032 North 9th St. 26 Ward. (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 George J. Maus

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 11, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 2 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

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.

13. NAME George Schuster

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

15. MAIDEN NAME Kollmeyer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT George Maus (ADDRESS) 4032 North 9th Street

18. BURIAL, CREMATION, OR REMOVAL PLACE Friedberg DATE Apr. 6 1936

19. UNDERTAKER Math. Hermann & Son (ADDRESS) 210 East Fair Ave.

20. FILED APR 6 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1933, to April 2, 1936

I last saw him alive on April 2, 1936 Death is said to have occurred on the date stated above, at 11:00 P. m.

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

Date of onset

Carcinoma of Rectum
Other contributory causes of importance: HO

Name of operation none Date of

What test confirmed diagnosis? — Was there an autopsy? Yes

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 Joseph E. Carney, M. D.

(Signed) Joseph E. Carney, M. D. (Address) 525 Mole Bldg.

