

MAY 7 1936

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

Do not use this space.

17192

1. PLACE OF DEATH

County

Registration District No. **791**

Township

Primary Registration District No. **1003**City St. Louis, 500 S. Kingshighway St. Louis Childrens Hosp (Ward)

File No.

Registered No. **3954**2. FULL NAME Doris Jean Schlereth(a) Residence, No. 551 P Goethe St. 2 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

F

4. COLOR OR RACE

W

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

Child

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

Child

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

8-1-27

7. AGE

YEARS

8

MONTHS

8

DAYS

7

If LESS than 1 day, hrs. or min.

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

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

Herman Schlereth

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

ST. Louis, MO

15. MAIDEN NAME

Blanche Cibulka

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

ST. Louis, MO

17. INFORMANT (ADDRESS)

J. M. C. Severn
500 S. Kingshighway

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Peter & Paul Cem DATE 4-11-1936

19. UNDERTAKER (ADDRESS)

Wiegman Mortuaries
722 S. Kingshighway St. Louis

20. FILED

APR 10 1936

J. T. Bredeck

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-8-36, 19

22. I HEREBY CERTIFY, That I attended deceased from

4-6-36, 19, to 4-8-36, 19I last saw her alive on 4-8-36, 19. Death is saidto have occurred on the date stated above, at 4 1/2 a.m.

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

Date of onset

Empyema-bilateralPneumonitisPeritonitisCrashly Result ofSubacute Pneumonia

Other contributory causes of importance:

Non TraumaticName of operation Thoracotomy Date ofWhat 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

(Signed) R. J. Blatter, M. D.(Address) 560 S. Kingshighway

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.

