

APR 27 1938

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1008

City.....

(No. 4810 St. Louis Ave)

File No. 17545

Registered No. 4327

St. Ward)

2. FULL NAME. Ida Schulerburg

(a) Residence, No. 4810 St. Louis Ave

(Usual place of abode)

St. 6

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds.

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)

Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Bernard Schulerburg

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

Mar 21 1856

7. AGE

YEARS

80

MONTHS

0

DAYS

29

If LESS than 1 day,hrs. ormin.

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)

13. NAME

Herman J. Busch

FATHER

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

Holland

MOTHER

15. MAIDEN NAME

Unknown

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

17. INFORMANT (ADDRESS)

Richard Schulerburg
4810 St. Louis Ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Calvary Cemetery DATE April 21 1938

19. UNDERTAKER (ADDRESS)

Strom & Carroll Funeral Co
4600 Natural Bridge

20. FILED

APR 20 1938

J. A. Bredbeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

April 19 1936

22. I HEREBY CERTIFY, That I attended deceased from

Jan 18 1936 to Apr 18 1936

I last saw her alive on Apr 18 1936 Death is said

to have occurred on the date stated above, at 1:24 p.m.

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

Chronic purulent bronchitis Date of onset 4/8/36

Other contributory causes of importance:

Chronic Myocarditis
Senility

Name of operation.....

Date of.....

What test confirmed diagnosis? Phys Exam 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) John G. McJannet, M. D.

(Address) 1014 Thekla Ave

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.

