

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.

JUN 5 1936

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

Do not use this space.

20816

## 1. PLACE OF DEATH

County .....

Registration District No. **791**

Township .....

Primary Registration District No. **1003**City St. Louis 700 (No. ...., Northwestern St. .... Ward)

File No. ....

Registered No. **5006**2. FULL NAME Julia Schuster(a) Residence, No. 622 East Gate St. Ward. 5  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 59 yrs. 9 mos. 16 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 OFCechar Schuster6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20 18767. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
59 9 16

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

Housework

## 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Housework10. Date deceased last worked at this occupation (month and year) Dec. 1917

## 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri13. NAME Unknown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Missouri15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Missouri17. INFORMANT (ADDRESS) A. Miller M.D. 5300 Arsenal

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Peters DATE 5.9 193619. UNDERTAKER (ADDRESS) Wenger & Co. 3710 N. Grand Blvd.

## 20. FILE

MAY 8 1936Registrar. J. Bredeck

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6 193622. I HEREBY CERTIFY, That I attended deceased from July 1 1935, to May 5 1936I last saw her alive on May 5 1936. Death is said to have occurred on the date stated above, at 2:35 A.M.

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

Rupture of Coronary Artery Date of onset 1936+

Other contributory causes of importance:

Arteriosclerosis 1935+

Name of operation .....

What test confirmed diagnosis? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? .....

Where did injury occur? .....

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) A. Miller M. D.(Address) 5300 Arsenal St.

