

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.

20833

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis** (No. **St. Anthony Hospital**) Registered No. **5023** (Ward)

2. FULL NAME

(a) Residence, No. **2630 Nebraska** St., **23** Ward.
(Usual place of abode)

Length of residence in city or town where death occurred **59** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Single</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Aug 19, 1887</i>				
7. AGE	YEARS <i>54</i>	MONTHS <i>8</i>	DAYS <i>18</i>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Seamstress</i>			
	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) <i>Illinois</i>				
FATHER	13. NAME <i>Gerald Schrage</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>			
MOTHER	15. MAIDEN NAME <i>Theresa Wessels</i>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>			
17. INFORMANT <i>Lear O'Hearn</i> (ADDRESS) <i>2630 Nebraska</i>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Calvary</i> DATE <i>May 11, 1936</i>				
19. UNDERTAKER <i>Thos. Kutis</i> (ADDRESS) <i>2906 Grayson Ave.</i>				
20. FILED MAY 8 - 1936 <i>J. F. Bredeck</i> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <i>May 10, 1936</i>
22. I HEREBY CERTIFY, That I attended deceased from <i>April 15, 1936</i> , to <i>May 6, 1936</i> . I last saw her alive on <i>May 6, 1936</i> . Death is said to have occurred on the date stated above, at <i>10:59</i> m. The principal cause of death and related causes of importance were as follows: <i>Acute dilatation of heart</i> Date of onset <i>5/18/36</i> <i>Acute Endocarditis</i> <i>5/16/36</i> <i>Acute Myocarditis</i> <i>5/15/36</i> <i>following labor pneumonia</i>
Other contributory causes of importance: <i>Pneumonia 108</i> <i>5/19/36</i>
Name of operation..... Date of..... What test confirmed diagnosis?..... 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? If so, specify..... (Signed) <i>P. A. Paul Steu</i> , M. D. (Address) <i>2711 Grayson Ave. St. Louis, Mo.</i>

