

JUN 5 1936

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

Do not use this space.

20974

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1008**
City **St Louis** (No. **Central**)

File No.....
Registered No. **5175**
St..... Ward.....

2. FULL NAME

Agnes Schlesinger
(a) Residence, No. **RP 42** **Paton** St., **RP** Ward. **Granite City, Ill.**
(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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank W. Schlesinger		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 22, 1875		
7. AGE	YEARS 60	MONTHS 5
	DAYS 22	IF LESS than 1 day, hrs. or min.
OCCUPATION	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. Own Home	
	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) Cornington Ky.		
MOTHER	13. NAME Stickrath	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know Ky.	
	15. MAIDEN NAME Don't know	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.	
17. INFORMANT (ADDRESS) Jimmie W. Schlesinger		
18. BURIAL, CREMATION, OR REMOVAL PLACE Granite City, Ill. DATE 5-16-36		
19. UNDERTAKER (ADDRESS) J. F. Mercer Granite City, Ill.		
20. FILED MAY 14 1936 J. T. Bredeth Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **5-14 1936**

22. I HEREBY CERTIFY, That I attended deceased from **5-7 1936** to **5-14 1936**
I last saw her alive on **5-13 1936** Death is said to have occurred on the date stated above, at **6:30 P.M.**
The principal cause of death and related causes of importance were as follows:
Abdominal Hernia Post Operative Filled by Thrombosis of Brain
Date of onset **12/2/35**

Other contributory causes of importance:

Name of operation **Abdominal Hernial** Date of **5-10-36**
What test confirmed diagnosis? **1** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? **1** Date of injury **1936**
Where did injury occur? **1** (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) **W. W. Haverzweig** M. D.
Granite City, Ill. (Address)

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.

