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.

AUG 18 1936

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

Do not use this space.

28931

1. PLACE OF DEATH
County 3522a Wyoming
Township
City (No. 3522a Wyoming St. Ward)

Registration District No. 791
Primary Registration District No. 1003

File No.
Registered No. 7700

2. FULL NAME Emilie Scheel Free Crosius
(a) Residence, No. 3522a Wyoming St., 16 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 14. 1878

7. AGE YEARS 57 MONTHS 9 DAYS 4 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hse work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at 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) Michigan

FATHER
13. NAME Gustav Crosius
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Emelie Drownley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Madie Scheel 7410 Bruno

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sunset Burial DATE 7/21/36 19

19. UNDERTAKER (ADDRESS) Sullivan Und. Co 2849 No. Euclid

20. FILED JUL 20 1936 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18th, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 21st, 1935, to July 18th, 1936
I last saw her alive on July 18th, 1936. Death is said to have occurred on the date stated above, at 6 15 P m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Carcinoma of Rectum

Other contributory causes of importance: HCD

Name of operation Colostomy Date of Nov. 25, '35
What test confirmed diagnosis? Exploration at operation Was there an autopsy? No

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) T. H. Hauser (per M. CES), M. D.
(Address) 3651 Grandel Sq.

Jeff 4430 12 Pm
3651 [illegible] Square
Dr Steindel