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.

NOV 4 1936

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

1 (Do not use this space.

39852

**1. PLACE OF DEATH**

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City ST. LOUIS (No. 3716 N. 21 ST. ..... St. ..... Ward)

File No. .....

Registered No. 10922

**2. FULL NAME** LEONA KEISER SCHUMACHER

(a) Residence, No. 3716 N. 21 ST. St., 26 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) |
|---|---|---|
| FEMALE | WHITE | DIVORCED |

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 11th 1895

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 41 | 5 | 19 | |

OCCUPATION

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

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) Oct. 1936

11. Total time (years) spent in this occupation 5 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) BRIGHTON ILLINOIS

FATHER

13. NAME HENRY KEISER

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

MOTHER

15. MAIDEN NAME JOSEPHINE MEIERHOEFER

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

17. INFORMANT (ADDRESS) HENRY KEISER ALTON, ILLINOIS

18. BURIAL, CREMATION, OR REMOVAL

PLACE ALTON, ILLINOIS DATE NOV. 2 1936

19. UNDERTAKER (ADDRESS) Suedmeyer & Sons 3934 N. 20 St.

20. FILED OCT 31 1936 19 J F Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 30th, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 29th, 1936, to Oct 30th, 1936

I last saw her alive on Oct 29, 1936. Death is said to have occurred on the date stated above, at 3:30 p.m.

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

Myocarditis - chr.

Cardio-Vascular Renal Disease

Tachycardia

Date of onset

66

Other contributory causes of importance:

Cardio Renal -

Exophthalmic Symptom

Probable goitre

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? No

If so, specify .....

(Signed) Thomas Graham, M. D.

(Address) 1502 Cass Ave

CE 0522

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