

DEC 3 1936

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

Do not use this space.

42809

1. PLACE OF DEATH

County

Registration District No.

Township

Primary Registration District No.

City St. Louis(No. Deaconess Hospital)

791

1003

File No.

Registered No.

11360

St. Ward)

2. FULL NAME Grace J. Schindler(a) Residence, No. 6150 Oakland Ave. St. 4 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep. 17, 1861

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>75</u>	<u>1</u>	<u>27</u>	

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. 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) Germany13. NAME Not known14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known15. MAIDEN NAME Not known16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known17. INFORMANT Louis T. Meyer
(ADDRESS) 3829 Flora Bl.

18. BURIAL, CREMATION, OR REMOVAL.

PLACE Bellefontaine DATE Nov. 16, 193619. UNDERTAKER A. Snow L. Co.
(ADDRESS) 2707 N. Grand Blvd.20. FILED NOV 16 1936 J. H. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 14, 193622. I HEREBY CERTIFY, That I attended deceased from October 35, to Nov 14, 1936.I last saw him alive on Nov 14, 1936. Death is said to have occurred on the date stated above, at 3:15 m.

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

Chronic myocarditis Date of onset

Other contributory causes of importance:

marked atherosclerosis
general

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? Yes

If so, specify

(Signed) John M. Miller M. D.(Address) 3715 1/2 Grand Blvd.

