

DEC 3 1936

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

Do not use this space.

42999

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. Lutheran Hospital 1003

City St. Louis, Mo. (No.)

File No.
Registered No. 11574
St. Ward)

2. FULL NAME Mrs. Lillie Schicht

(a) Residence, No. 3626a Humphrey St. 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 50 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 16th, 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 69 7 2

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

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) Cedarburg Wisconsin

13. NAME Herman Moldenhauer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Henrietta Pracht

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Miss Frieda Schicht (ADDRESS) 3626a Humphrey

18. BURIAL, CREMATION, OR REMOVAL PLACE Concordia Cemetery DATE Nov. 23rd, 1936

19. UNDERTAKER Heidervieden Funeral Home, Inc. (ADDRESS) 1936 St. Louis Avenue

20. FILED NOV 27 1936 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 20, 1936

22. I HEREBY CERTIFY, that I attended deceased from November 4, 1936 to November 20, 1936. I last saw her alive on November 19th, 1936. Death is said to have occurred on the date stated above, at 9:05 A.M. The principal cause of death and related causes of importance were as follows:

Cholelithiasis with common duct obstruction. Date of onset 11/4/36

Other contributory causes of importance: Myocarditis, chronic

Name of operation None Date of operation None
What test confirmed diagnosis? Clinical Was there an autopsy? Yes

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) J. Bredeck M. D. (Address) 3626a Humphrey - St. Louis, Mo.

Dr. C. N. York
3606 N. Vermont

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