

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

Do not use this space.

DEC 3 1936

43202

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City..... (No. **5408 S. BROADWAY**) St. Ward)

File No.
Registered No. **11782**
St. Ward)

2. FULL NAME

JOSEPHINE SCHUERMANN.

(a) Residence, No. **5408 S. BROADWAY** St., **15** Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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) **WIDOWED**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **JULY 31-1860**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	76	3	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **NURSE**
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) **ST LOUIS MO.**

FATHER
13. NAME **PHILIP SAUERWEIN**

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

MOTHER
15. MAIDEN NAME **CLARA KLING.**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **GERMANY**

17. INFORMANT **AUG. SCHUERMANN-** (ADDRESS) **2216 MIAMI ST.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **CONCORDIA CEM** DATE **NOV. 30**, 19**36**

19. UNDERTAKER **JOS. P. FENDLER, JR.** (ADDRESS) **7128 MISHKIN AVE.**

20. FILED **NOV 29 1936** **J. F. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 27**, 19**36**

22. I HEREBY CERTIFY, That I attended deceased from **March 1**, 19**34**, to **Nov 27**, 19**36**.

I last saw h. **alive on Nov 26**, 19..... Death is said to have occurred on the date stated above, at **9:30** a.m.

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

Chorea Myocardia
Shakes Mellitus

Other contributory causes of importance:

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? **No** Date of injury....., 19.....
Where did injury occur? **No** (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?
If so, specify

(Signed) **Max Stabelf**, M. D.
(Address) **512 Doore**

Date of onset

?

2 yrs

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.

