

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.

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

Do not use this space.

JAN 10 1937

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City St. Louis (No. 1919a Withnell Ave. St. Ward)

46569

File No. **12360**
 Registered No.

2. FULL NAME Elizabeth Schachner,

(a) Residence, No. 1919a Withnell Ave. St. 24 Ward. (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 Nicholas Schachner,		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 21 1857		
7. AGE YEARS 79	MONTHS 5	DAYS 23
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home		If LESS than 1 day, hrs. or min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		11. Total time (years) spent in this occupation
10. Date deceased last worked at this occupation (month and year)		

12. BIRTHPLACE (CITY OR TOWN) Belleville, (STATE OR COUNTRY) ILLIS.

13. NAME **Unknown**

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

15. MAIDEN NAME **Unknown**

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

17. INFORMANT Herman Schachner (ADDRESS) 1919a Withnell Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE SS Peter & Paul DATE Dec. 17, 1936

19. UNDERTAKER Wacker-Helderte (ADDRESS) 2331 S. Broadway

20. FILED **DEC 17 1936** J. T. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 14 . 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1936, to Dec 14, 1936
 I last saw her alive on Dec 14, 1936 Death is said to have occurred on the date stated above, at 7:20 P.M.
 The principal cause of death and related causes of importance were as follows:

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

Date of onset **2**

Rhomic Myocarditis

General Arterio Sclerosis

Other contributory causes of importance:
Severity none

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?
 If so, specify

(Signed) Julius C. Rutter, M. D.
 (Address) 2603 Cherokee St.

