AUG 18 1936

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

Do not use this space.

791

48702

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 7199

Township ..... Primary Registration District No. ..... Registered No. .....

City St. Louis (No. Christian Hospital St. ..... Ward)

2. FULL NAME BABY SCHRAG

(a) Residence, No. FLORRISANT MO St., N R Ward. 8766 LOWELL AVE
(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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July, 14, 1936

7. AGE: YEARS + MONTHS + DAYS + If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nil
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

FATHER

13. NAME Hubert Schrag
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

MOTHER

15. MAIDEN NAME Olivia Prante
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT (ADDRESS) Hubert Schrag 8766-Lowell St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE ValHalla Cem. DATE 7-15- 1936

19. UNDERTAKER (ADDRESS) Baumann-Bros(Inc) Overland, Mo.

20. FILED ..... 19 ..... J F Bredeck Registrar.

JUL 14 1936

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from JULY, 14, 1936, to ....., 19....

I last saw h..... alive on STILL BORN 19..... Death is said to have occurred on the date stated above, at 12:35A m.

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

	Date of onset
STILL BORN	
PROLONGED LABOR	
FACE PRESENTATION	

Other contributory causes of importance:

Name of operation NO Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? NO

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? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury NONE

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) S. A. Van Hoefen, M. D.

(Address) 8313 HALLS FERRY RD. CITY

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.