FEB 17 1937

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

Do not use this space.

1933

1. PLACE OF DEATH
County Jefferson
Township Rock
City Kimmswick (No. ..... St. ..... Ward)

Registration District No. 423
Primary Registration District No. 4251

File No. .....
Registered No. 1

2. FULL NAME Ruth M. Schad

(a) Residence, No. Kimmswick Mo St., ... 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 F.
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 3-1902

7. AGE YEARS 34 MONTHS — DAYS 2 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Teacher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. " 215
10. Date deceased last worked at this occupation (month and year) Dec 24-1936
11. Total time (years) spent in this occupation 17

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kimmswick Mo

FATHER
13. NAME John Schad
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kimmswick Mo.

MOTHER
15. MAIDEN NAME Sophie Schneider
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Herman Mo.

17. INFORMANT (ADDRESS) John Schad Kimmswick Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Park Lawn Cmty DATE Jan 9th 1937

19. UNDERTAKER (ADDRESS) Heilsitag Funeral Home Kimmswick Mo

20. FILED Jan 8th 1937 Phil J. Kirk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 5th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1936, to Jan 5, 1937
I last saw her alive on Jan 5, 1937. Death is said to have occurred on the date stated above, at 11-20 a.m.
The principal cause of death and related causes of importance were as follows:

Apoplexy
Left Middle Mennergial Artery

Date of onset

Other contributory causes of importance:
Hypertension

Name of operation None Date of .....
What test confirmed diagnosis? Clinical 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? No
If so, specify .....
(Signed) O. Reich, M. D.
(Address) Kimmswick Mo

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.

WHITE PERMANENT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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