

FEB 19 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

92 County St Charles
Township St Charles
City St Charles (No. 4)

Registration District No. 757Primary Registration District No. 5998

File No. 2798
Registered No. 70
St. St. Louis, Mo Ward 1

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

St. Louis, Mo

Length of residence in city or town where death occurred 32 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

White5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Single5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OFSingle

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

Nov. 14, 1859

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.77214

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.None9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc." 26th10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation. 3112. BIRTHPLACE (CITY OR TOWN).
(STATE OR COUNTRY)Don't Know

13. NAME

Don't Know14. BIRTHPLACE (CITY OR TOWN).
(STATE OR COUNTRY)Don't Know

15. MAIDEN NAME

Don't Know16. BIRTHPLACE (CITY OR TOWN).
(STATE OR COUNTRY)Don't Know

17. INFORMANT

(ADDRESS)

Theophil Storker
St Charles, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Emmans Cem.

DATE

Jan. 30, 1937

19. UNDERTAKER

(ADDRESS)

Steinhilber & Co.
St Charles, Mo.

20. FILED

1/291937Clarence B. Mueller

Registrar

MEDICAL CERTIFICATE OF DEATH

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

Jan. 28, 1937

22. I HEREBY CERTIFY. That I attended deceased from

Jan 27, 1937, to Jan 28, 1937.I last saw her alive on Jan 27, 1937. Death is saidto have occurred on the date stated above, at 4:20 a.m.

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

Date of onset

Acute Dilatation of
Heart. Jan 28.

Other contributory causes of importance:

1) during Epileptic Attack
2) Epilepsy
3) Chronic Myocarditis

Name of operation None Date of NoneWhat test confirmed diagnosis Signs, Symptoms Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? None Date of injury None, 19 NoneWhere did injury occur? None (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)

(Address)

Dr. E. J. Schuch
St Charles, 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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

