

MAR 5 - 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No. 791
Primary Registration District No. 1008
(No. 1 City Hospital # 1)

File No. 8196
Registered No. 1645
St. Ward)

2. FULL NAME

Lutichey Schiley

(a) Residence, No. 7012 Minnesota Ave. St. 1 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Charles</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 4, 1860</u>		
7. AGE	YEARS	MONTHS
	<u>76</u>	<u>11</u>
		DAYS
		<u>29</u>
		IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>
	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) Sullivan
(STATE OR COUNTRY) Missouri

13. NAME Auer 31

14. BIRTHPLACE (CITY OR TOWN) Unknown 31
(STATE OR COUNTRY)

15. MAIDEN NAME "

16. BIRTHPLACE (CITY OR TOWN) "
(STATE OR COUNTRY)

17. INFORMANT Chas. Schiley (Son)
(ADDRESS) 7012 Minnesota, St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Trinity L. C. DATE Feb. 6, 1937

19. UNDERTAKER C. Hoffmeister Und. & Livery Co.
(ADDRESS) 7814 S. Broadway, St. Louis, Mo.

20. FILE FEB 6 - 1937
J. A. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from rec. 2, 1936 to Feb. 2, 1937
I last saw her alive on Feb. 2, 1937. Death is said to have occurred on the date stated above, at 5:00 P.m.

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

Date of onset

Myocarditis Chr., with decomposition
Bright's disease Chronic
Debility

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Winkler's Was there an autopsy? No

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) Norman Miller, M. D.

(Address) 7327 S. Broadway

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.

7325 So. Broadway