MAR 5 - 1937

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

Do not use this space.

791
1003

File No. 8668
Registered No. 2129

1. PLACE OF DEATH

County ..... Registration District No. .....

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

City ST. LOUIS MO (No. 3151A PARK AV. 2 St. ..... Ward)

2. FULL NAME SOPHIE RUSCHENBERG WILLERS.

(a) Residence, No. 3151A PARK AV St., 18 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 21 - 1863

7. AGE: Years 73 | Months 3 | Days 29 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE KEEPER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 11

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY. 10

FATHER

13. NAME CHRIST SCHILLING

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

MOTHER

15. MAIDEN NAME MARGARET MILLER

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

17. INFORMANT (ADDRESS) ADOLPH SCHILLING 3151A PARK AV.

18. BURIAL, CREMATION, OR REMOVAL PLACE ODD FELLOWS CEM DATE FEB 22 1937

19. UNDERTAKER (ADDRESS) E. J. Schmur 3125 Lafayette av.

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

FEB 20 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 19 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 6 1937 to Feb 19 1937

I last saw her alive on 2/19 1937. Death is said to have occurred on the date stated above, at 4.15 A.m.

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

	Date of onset
Chronic Myocarditis	
121	

Other contributory causes of importance: Chronic Interstitial nephritis

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) Otto C. Hanser M. D.

(Address) 3157a Park Av

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.