MAR 29 1937

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

Do not use this space.

8955

1. PLACE OF DEATH

County St. Louis, Registration District No.

Township Richmond Heights. Primary Registration District No. 6211-H

City Richmond Heights (No. St. Marys Hospital. St. Ward)

File No.

Registered No.

2. FULL NAME Florence C. Schorr.

(a) Residence, No. 7048 Emma Ave. 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: Female.

4. COLOR OR RACE: White.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Rudolph J. Schorr.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 17, 1891.

7. AGE: 45 YEARS | MONTHS: 6 | DAYS: 14 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

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: John Conreux

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Buffalo N.Y.

MOTHER

15. MAIDEN NAME: Elizabeth Wetige.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Iowa.

17. INFORMANT (ADDRESS): Rudolph J. Schorr. 7048 Emma Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove Cem. DATE Dec 3, 1936

19. UNDERTAKER (ADDRESS): Math Hermann & Son. 2161 East Fair Ave.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 1, 1936.

22. I HEREBY CERTIFY, That I attended deceased from Sept, 1935, to Dec 1, 1936

I last saw her alive on Dec 1, 1936 Death is said to have occurred on the date stated above, at 10.00 P.M.

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

Carcinoma of Stomach

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Date of onset

Other contributory causes of importance:

Metastases to liver

Chronic myocarditis

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) Charles Ehlers, M. D.

(Address) 7201 So Broadway

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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