

APR 9 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County.....

Registration District No. 791

1003

Township.....

Primary Registration District No. ....

City St. Louis(No. 3953 McRee Ave.)

File No. ....

10641

Registered No. ....

3215

St. ....

Ward) .....

2. FULL NAME Emilie Schlegel(a) Residence, No. 3953 McRee Ave. St. 17 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

white

## 5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

widow

## 5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OFErnest6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 18, 1861

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, ..... hrs.  
or ..... min.287554

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 home10. Date deceased last worked at  
this occupation (month and  
year) .....11. Total time (years)  
spent in this  
occupation .....12. BIRTHPLACE (CITY OR TOWN) Germany  
(STATE OR COUNTRY)13. NAME Fritz Kutzscher14. BIRTHPLACE (CITY OR TOWN) Germany  
(STATE OR COUNTRY)15. MAIDEN NAME not known16. BIRTHPLACE (CITY OR TOWN) Germany  
(STATE OR COUNTRY)17. INFORMANT Otto Schlegel  
(ADDRESS) 3953 McRee

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Marcus DATE Mar 25 193719. UNDERTAKER John L. Ziegenhein & Sons  
(ADDRESS) 7027 Gravois Ave.20. FILED MAR 24 1937J. Bredeck  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 22, 193722. I HEREBY CERTIFY That I attended deceased from  
March 15<sup>th</sup>, 1937, to March 22<sup>nd</sup>, 1937I last saw her alive on March 22<sup>nd</sup>, 1937. Death is said  
to have occurred on the date stated above, at 9:40 a.m.

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

Carcinoma Liver - 6 mo.  
Chronic Myocarditis 1 yr.Other contributory causes of importance: None

Name of operation .....

Date of .....

What test confirmed diagnosis? mass. 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 .....

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 Albert Weisbarth, M. D.(Signed) Albert Weisbarth, M. D.(Address) 3548 S. Grand Bl.

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. 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.

