APR 27 1937

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

Do not use this space.

13315

File No.
Registered No. 20

1. PLACE OF DEATH
County St. Louis — Registration District No. 784
Township St. Ferdinand — Primary Registration District No. 6030
City Jennings (No. 8809 Clifton Ave. St. Ward)

2. FULL NAME Elizabeth Schleich
(a) Residence, No. 8809 Clifton 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): Widowed.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 3/17/1860

7. AGE: Years 76 | Months 10 | 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.: At Home
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) (STATE OR COUNTY): St. Louis, Mo.

FATHER
13. NAME: Anton Mennemeyer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): YUnknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Unknown

17. INFORMANT: Mrs. Agnes Orf.
(ADDRESS): 8809 Clifton Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Calvary DATE: 2/4/37 19

19. UNDERTAKER: W. A. Stock Und. Co.
(ADDRESS): 2117 E. Grand Blvd.

20. FILED: 2-3 1937 W. Zeitler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 1. 1937 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1937, to Feb 1, 1937
I last saw her alive on Feb 1, 1937. Death is said to have occurred on the date stated above, at 9 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?
Other contributory causes of importance:	
Arteriosclerosis	10 yr.

Name of operation: Date of:
What test confirmed diagnosis? 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?
If so, specify
(Signed) Lee P. Smith, M. D.
(Address) 4500 Clarence

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.

Lee P. Smith

[illegible]

[illegible]

[illegible] 2905

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