JUL 8 - 1937

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

Do not use this space.

21703

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 21703

Township ..... Primary Registration District No. 1003 Registered No. 5455

City St. Louis (No. 4141 Obear Ave. 2 St. ..... Ward)

2. FULL NAME Charlotte Schorp 1

(a) Residence, No. 4141 Obear Ave. St., ... Ward. 10 (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: 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: August F. Schorp

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 22nd, 1867

7. AGE: 69 YEARS, 8 MONTHS, 8 DAYS. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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 COUNTRY): Illinois

FATHER

13. NAME: Charles Ladensack
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

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

17. INFORMANT (ADDRESS): August F. Schorp, 4141 Obear Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Friedens Cem. DATE: June 2nd 1937

19. UNDERTAKER (ADDRESS): Drehmann Vanal, 1905 Union Blvd.

20. FILED: JUN 29 1937 J F Bredeck, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 30th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1936, to May 30, 1937
I last saw her alive on May 29, 1937. Death is said to have occurred on the date stated above, at 5:45 P.M.
The principal cause of death and related causes of importance were as follows:
Hemiplegia Results of Cerebral Hemorrhage — Date of onset

Other contributory causes of importance: Senility. 82a

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) H H Hillemeyer, M. D.
(Address) 1511 E Grand Cl

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.

899 225 2 16 31

1511 E. Grand