JUL 31 1937

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

Do not use this space.

1. PLACE OF DEATH
County St. Louis — Registration District No. 1170 — File No. 24959
Township Jefferson — Primary Registration District No. 6248-H. — Registered No. 152
City Richmond Heights (No. St. Mary's Hospital St. Ward)

2. FULL NAME MARIE LOUISE SCHIERBERG
(a) Residence, No. 7266 NORTHMOOR 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: GEO. B. SCHIERBERG.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): AUG 25, 1898
7. AGE: YEARS 38. MONTHS 10 DAYS 16 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: ATHOME
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): MO

FATHER
13. NAME: AUGUST D. VILLARS.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): MO.

MOTHER
15. MAIDEN NAME: SARAH DEGUIRE
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): MO

17. INFORMANT (ADDRESS): GEORGE B. SCHIERBERG 7266 NORTH MOOR
18. BURIAL, CREMATION, OR REMOVAL PLACE: CALVARY. DATE: JULY 13, 1937
19. UNDERTAKER (ADDRESS): LAWRENCE MULLEN 5165 DELMAR BLVD.
20. FILED: July 12, 1937. Sam A. Bassett, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): JULY 11, 1937
22. I HEREBY CERTIFY, That I attended deceased from May 2, 1937, to July 11, 1937
I last saw her alive on July 11, 1937. Death is said to have occurred on the date stated above, at 9 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Rectum	
46	
Other contributory causes of importance: Metastasis to Brain	
	(7)

Name of operation: Excision of Rectum — Date of: May 7 + 24
What test confirmed diagnosis? Pathologic — Was there an autopsy? Yes

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? No
If so, specify
(Signed) W. E. Leighton M. D.
(Address) 3720 Washington Blvd

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.

WHITE FLAME WITH UNFADING INK—THIS IS A PERMANENT RECORD

Dr. Leighton
Will be in