

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

32432

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **Luther Hosp.** Registered No. **8486**
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. **4976 Pyrolean av.** St. **2**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **single**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 8 1937**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
0 - -

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. **none**
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **St. Louis**
 (STATE OR COUNTRY) **Mo.**

13. NAME **John Schiller**

14. BIRTHPLACE (CITY OR TOWN) **St. Louis**
 (STATE OR COUNTRY) **Mo.**

15. MAIDEN NAME **Eva Hess**

16. BIRTHPLACE (CITY OR TOWN) **St. Louis**
 (STATE OR COUNTRY) **Mo.**

17. INFORMANT (ADDRESS) **John Schiller**
4976 Pyrolean av.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **St. Matthews** DATE **9-9-37**

19. FUNERAL DIRECTOR (ADDRESS) **Wm. B. & A. Co.**
2929 S. Jefferson

20. FILED **1937 SEP 9**
J. H. Biddeck
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 8 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Sept. 8 1937** to **Sept. 8 1937**

I last saw him alive on **Sept. 8 1937** Death is said to have occurred on the date stated above, at **3 p. m.**
 The principal cause of death and related causes of importance were as follows:

Stillborn baby

Date of onset

Other contributory causes of importance:

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. Schumacher**, M. D.

(Address) **68119**

STATEMENT BY LICENSED EMBALMER

I, Edgar F. Witt., Licensed Embalmer No. 2117

hereby certify that the body recorded on the reverse side of this certificate was embalmed by not

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Edgar F. Witt.

Licensed Embalmer No. 2117

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)