

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.

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

32812

Do not use this space.

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City.....
(e) Length of residence in city or town where death occurred

Registration District No. 791
Primary Registration District No. 1003
(d) Street No. 5235 Page Blv'd.

Registered No. 8866

(If death occurred in Hospital or Institution, write its name instead of street and number)

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 5235 Page Blvd.

(Usual place of abode, if no street address, write county or city)

6

(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 single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 9, 1860.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 11 11

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework.
9. Industry or business in which work was done, as saw mill, bank, etc. at home
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) St. Louis, Mo.

13. NAME Frank Schoy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

15. MAIDEN NAME Catharine Fichenbrener
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs. Lynn
(ADDRESS) 5235 Page Bl'vd

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Matthews DATE Sept. 23, 1937

19. FUNERAL DIRECTOR Bennick-Griehaus
(ADDRESS) 1133 N. 10th St.

20. F. J. Brebeck
SEP 23 1937 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 3, 1935, to Sept. 20, 1937

I last saw him alive on Sept. 20, 1937. Death is said to have occurred on the date stated above, at 11 P.M.

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

Adinoma-Carcinoma
seat in submaxillary
gland
Date of onset 1930?

Other contributory causes of importance
Malnutrition 1936

Name of operation none Date of What test confirmed diagnosis? Lab. 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? No If so, specify

(Signed) M. D. (Address) 2435 N. Grand Ave.

2425-27X
Date 1-3

STATEMENT BY LICENSED EMBALMER

I, Larry M. Shultz, Licensed Embalmer No. 3973

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself.

I, E.

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

Signed

Larry M. Shultz

Licensed Embalmer No. 3973

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.)