

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

35998
Do not use this space.

NOV 15 1937

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **En route City Hospital #1** St. **St.**
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred **50** yrs. mos. ds. (f) How long in U.S., if of foreign birth? **50** yrs. mos. ds.

2. PRINT FULL NAME **Alma Schisler**

(a) Residence, No. **3204 Liberty** St. **15**
(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) **Married**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Wm. Schisler**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 27 1877**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 8 14
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **House Work**
9. Industry or business in which work was done, as 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) **Germany**
13. NAME **Toney Eberhardt**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**
15. MAIDEN NAME **Gotlowina Kunz**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT **Wm. Schisler**
(ADDRESS) **3204 Liberty St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Pauls Ch. Yd.** DATE **Oct. 14 1937**

19. FUNERAL DIRECTOR **Wm. Schumacher**
(ADDRESS) **3013 Meramec St.**

20. FILED **OCT 14 1937** **J. Brebeck**
Local Registrar.

NO PHYSICIAN CERTIFICATE REQUIRED

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **10/11/37** 19**37**

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
I last saw h..... alive on 19...... Death is said to have occurred on the date stated above, at **5:50 P.M.**
The principal cause of death and related causes of importance were as follows:

Illuminating Gas poison, self administered at her home, 3204 Liberty St., on Oct. 11, 1937, time unknown, while suffering from temporary mental aberration.

Other contributory causes of importance:
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? **Suicide** Date of injury **10/11/37**
Where did injury occur? **St. Louis, Mo.**
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. **In Home**
Manner of injury **See Above.**
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **No**
If so, specify **Alfred G. Perry** M.D.
(Signed) **Deputy Coroner**
(Address)

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

FORM 20-37
NOV 1 1937

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.

STATEMENT BY LICENSED EMBALMER

I, Fred Wettig....., Licensed Embalmer No. 1534

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

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Fred A. Wettig

Licensed Embalmer No. 1534

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.)