

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

36103
Do not use this space.

1. PLACE OF BIRTH **NOV 15 1937**
 (a) County Registration District No. **2 791**
 (b) Township Primary Registration District No. **1008**
 (c) City **St. Louis**, (d) Street No. **3005 Gasconade St.** Registered No. **9680**
 (e) Length of residence in city or town where death occurred **75** yrs. mos. ds. **(0)** How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Mary Salg-Knobel**
 (a) Residence, No. **3005 Gasconade St.** St. **LS**
 (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) **Widow**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug. 2nd. 1862**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 2 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) **St. Louis Mo.**

FATHER 13. NAME **Geo. Schillo**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

MOTHER 15. MAIDEN NAME **Anna Linhardt**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT (ADDRESS) **Frances Heberer 3005 Gasconade St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **Oct. 19th, 37**

19. FUNERAL DIRECTOR (ADDRESS) **William Schumacher 3013 Meramec Street**

20. FILED **OCT 18 1937**
J. Bredeck
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 16th. 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Oct. 15**, 19**37**, to **Oct. 16**, 19**37**
 I last saw her alive on **Oct. 16**, 19**37** Death is said to have occurred on the date stated above, at **2/15** pm

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

acute intestinal obstruction with peritonitis. cause of obstruction unknown. Probably adhesions. Dr. states he attended deceased for only 16 hrs. before death. non-malignant.
Chronic Myocarditis
 Date of onset

Name of operation **None** Date of
 What test confirmed diagnosis? **Clinical** 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) **Ralph Thompson** M. D.
 (Address) **3666 Grandis**

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.

877
1
10
10

2901
3570

STATEMENT BY LICENSED EMBALMER

I, Clarence J. Rochow, Licensed Embalmer No. 3093

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

Clarence J. Rochow

Licensed Embalmer No. 3093

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.)