NOV 17 1937

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

Do not use this space.

File No. 37607

Registered No.

1. PLACE OF DEATH

County: Franklin

Registration District No.: 296

Primary Registration District No.: 4180

Township:

City: Union (No. , St. Ward)

2. FULL NAME: Sophie Schoelich

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 13, 1859

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	78	9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeper

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): Port Hudson, Missouri

FATHER

13. NAME: Wm. Kampschmidt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT: Wm. Schoelich
(ADDRESS) Union, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Union, Mo. DATE: Nov. 2, 1937

19. UNDERTAKER: Union Funeral Home (W.H. Horn)
(ADDRESS) Union, Missouri

20. FILED: Nov 1937 J. R. Marshall M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1934, to Oct 1937, 19..

I last saw h. alive on Oct 1, 1937. Death is said to have occurred on the date stated above, at 4 a.m.

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

	Date of onset
Myocarditis — Chronic	1934

Other contributory causes of importance:

Name of operation: none Date of:

What test confirmed diagnosis: Physical 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) J. R. Marshall, M. D.

(Address) Union, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.