

JAN 24 1936

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

Do not use this space.

46818

1. PLACE OF DEATH

County St. Louis
Township
City St. Louis

Registration District No. 1175
Primary Registration District No. 675
St. Mary's hospital

File No. 46818
Registered No. _____
St. _____ Ward)

2. FULL NAME

FLORENCE C. Schorr

(a) Residence, No. 7048 Emma Avenue St. _____ Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 1, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1936 to Dec 1 1936
I last saw him alive on Dec 1 - 36 10:35 P. M. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17, 1891
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 45 6 14

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

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

Carcinoma of Stomach
Date of onset

Other contributory causes of importance:

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

13. NAME John Conreux

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

14. BIRTHPLACE (CITY OR TOWN) Buffalo (STATE OR COUNTRY) N. Y.

15. MAIDEN NAME Elizabeth Wetige

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.

16. BIRTHPLACE (CITY OR TOWN) Iowa (STATE OR COUNTRY)

17. INFORMANT Rudolph J. Schorr (ADDRESS) 7048 Emma Avenue

Manner of injury _____
Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cemetery Dec. 3, 1936

19. UNDERTAKER Math. Hermann & Son (ADDRESS) 2161 East Fair Avenue

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify Charles Chiers M. D.
(Signed) _____ (Address) 7201 S. Broadway

20. FILED DEC 3 1936 Registrar.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

