

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

Do not use this space.

1815

1. PLACE OF DEATH

County Jackson
Township Kan
City Yamansley (No. 12 C Gen Hosp)

Registration District No. 399
Primary Registration District No. 1002

File No. 503
Registered No. 503
St. _____ Ward _____

2. FULL NAME

Eva Schwindt 530

(a) Residence, No. 1222 Prospect St. Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W 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) April 2 1888

7. AGE YEARS 57 MONTHS 9 DAYS 27 If LESS than 1 day,hrs. ormin.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Russia

FATHER 13. NAME Fred Schneider

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

MOTHER 15. MAIDEN NAME dent Tenen

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

17. INFORMANT (ADDRESS) Records Clerk City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Forest Hills 1-31-38

19. UNDERTAKER (ADDRESS) Quirk - Tolson

20. FILED Jan 31 1938 M. M. Crowe

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 29 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-9 1937 to 1-29 1938

I last saw her alive on 1-29 1938 Death is said to have occurred on the date stated above, at 11:45 P. M.

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

Cirrhosis of Liver Date of onset _____
with vesophageal varices

Other contributory causes of importance: 124 (B)

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? _____ 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?
If so, specify _____

(Signed) P. J. De Maria, M. D.

(Address) Supt. K. C. Gen. Hosp.

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.

RECEIVED

FEB 12 1937

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