

MAR 19 1939 APR 7 1939

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

Do not use this space.

12314

1. PLACE OF DEATH

96 County St. Louis  
7 Township Richmond  
City St. Louis (No. St. Mary's Hospital)

Registration District No. 784  
Primary Registration District No. 111

File No. \_\_\_\_\_  
Registered No. 502 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. 7411 Maple St., \_\_\_\_\_ Ward. Maplewood Mo

(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

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 8, 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min. 1

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) St. Mary's Hospital  
St. Louis, Mo.

FATHER 13. NAME Robert Richard Schone

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

MOTHER 15. MAIDEN NAME Queen Margaret Austin

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

17. INFORMANT Robert Schone  
(ADDRESS) 7411 Maple

18. BURIAL, CREMATION, OR REMOVAL PLACE S. S. Peter & Paul Cem DATE 3/20/39

19. UNDERTAKER Wm. W. Schumacher  
(ADDRESS) 1483 N. Grand

20. F. W. R. Meyer  
MAR 19 1939 (Address) \_\_\_\_\_  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 18th, 1939, to Mar 19th, 1939

I last saw her alive on Mar 18th, 1939. Death is said to have occurred on the date stated above, at 7:15 A.M.

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

Premature 6 months 2 weeks.

Other contributory causes of importance: 159

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) Perce M. Burchard, M.D.

(Address) 3500 Cambridge

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

