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.

JUN 12 1939

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

Do not use this space. 16618

791
1003

1. PLACE OF DEATH

(a) County ..... Registration District No. 1003

(b) Township ..... Primary Registration District No. ..... Registered No. 4152

(c) City St. Louis (d) Street No. City. Hosp. #1 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

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

2. PRINT FULL NAME 100 Elizabeth M. Schaff

(a) Residence, No. 5449 Reber St. 13
(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: Frank Schaff.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 24 1872

7. AGE: YEARS 66 MONTHS 6 DAYS 9 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Laundress
9. Industry or business in which work was done, as saw mill, bank, etc.: City Sanitarium
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. 0

FATHER
13. NAME: John Emele 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 1

MOTHER
15. MAIDEN NAME: Friedericka Amen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Barbara Kreher 5000 Minnesota Av.

18. BURIAL, CREMATION, OR REMOVAL PLACE: Sunset Bur Pk. DATE: 5-6 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Witt Bros L & N Co. 2929 S. Jefferson Av.

20. FILED: MAY 4 1939 J. F. Brehm Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from Apr 17, 1939, to May 1, 1939
I last saw her alive on May 1, 1939. Death is said to have occurred on the date stated above, at 1:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Chronic Decompensated	3-17-39
Nephritis chronic interstitial	2-3-37

Other contributory causes of importance:

Hypertension	1935

Name of operation ..... Date of .....
What test confirmed diagnosis? Lab + E.K.G. 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) J. A. Cleveland, M. D.
(Address) 5930 Southwest Ave

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Paul A. Shankline, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Paul A. Shankline

Licensed Embalmer No. 3472

P. O. Address 29298 Jeff

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.