

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.

14 1939

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

Do not use this space.

23339

1. PLACE OF DEATH

County St. Louis Registration District No. 784
 Township Crondelet Primary Registration District No. 200
 City St. Ann, Mo. (No. Mt. St. Rose, Saintonium)
 St. _____ Ward _____

File No. _____
 Registered No. 1062
 St. _____ Ward _____

2. FULL NAME

Full Name Skiler, Sister Mary Albertine
 (a) Residence, No. St. Anthony's Hosp. St. _____ Ward _____
 (Usual place of abode) 3520 Chippewa St.
 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 Female
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) Aug. 28-1881

7. AGE YEARS 57 MONTHS 9 DAYS 15
 If LESS than 1 day, _____ hrs. _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Religious
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) Iowa

13. NAME Matthias Skiler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Mary Seitz
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Sister M. Antonella
 (ADDRESS) 3570 Chippewa St.

18. BURIAL, CREMATION, OR REMOVAL
 PLACED St. Peter's Paul Am. DATE June 1939

19. UNDERTAKER J. H. Bekker & Co.
 (ADDRESS) 2842 Mygale

20. FILED JUN 14 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug. 27, 1938 to June 13, 1939
 I last saw her alive on June 13, 1939 Death is said to have occurred on the date stated above, at 4:10 pm.
 The principal cause of death and related causes of importance were as follows:

Fair advanced Pulmonary Tuberculosis
Pulmonary edema (cause unknown)
 Date of onset: 1929
 Other contributory causes of importance: 23 -

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

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) L. E. Gerson, M. D.
 (Address) 9101 S. Broadway Ave
St. Louis, Mo

