

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34507
Registrar's No. 9045

Registration District No. 701 Primary Registration District No. _____

1. PLACE OF DEATH: 1003
(a) County St. Louis **REC'D NOV 13 1939**
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home 1842 S. 12th. St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Bridget Schrepel
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased November 1 1859
(Month) (Day) (Year)

8. AGE: Years 80 Months 9 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____ (City, town, or county) (State or foreign country)
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ernest Sciarone
(b) Address 4097 Fillmore St

17. (a) Burial (b) Date thereof October 25 1939
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Peeetz Brothers
(b) Address 3029 Lafayette Ave

19. (a) OCT 24 1939
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis 12
(If outside city or town limits, write "RURAL")
(d) Street No. 1842 S. 12th. St
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 22
year 1939 hour 11:30 A. minute 15 A. M.

21. I hereby certify that attended the deceased from June 1st 1939 to Oct 15 1939
that I last saw her alive on Oct 15 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
Duration _____
Due to _____
Due to _____

Other conditions Fracture of Rt femur 3 MO ago
(Include pregnancy within 3 months of death)
fell while walking in home

Major findings: Of operations none
Of autopsy no.
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence 7-10-1939
(c) Where did injury occur? In Illinois town
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
farm

While at work? no (Specify type of place) (e) Means of injury fall

23. Signature Joseph L. Davis (M. D. or other)
Address 4209 Vergennes Date signed 10/23/39

MARGIN RESERVED FOR BINDING
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
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.

FORM 5-17-39
Rev. 5-17-39
U. S. GOVERNMENT PRINTING OFFICE: 1938

Dr. Ferris
4209 Virginia Ave
1 to 2 7 to 8
Ri 2711

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, or by.....

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

Signed.....

Harry J. Schumacher

Licensed Embalmer No..... *2679*

P. O. Address..... *732 Lemay*

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

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