

1. MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH

County Boline Registration District No. 744 File No. 7391
Township Christiana Primary Registration District No. 3227A Registered No. 3
City (No.) St. Ward)

2. FULL NAME Mrs. Laura Schnitzmeyer

(a) Residence, No. St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 69 yrs. 11 mos. 4 ds. How long in U. S., if of foreign birth? 69 yrs. 11 mos. 4 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mr Ben Schnitzmeyer</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3-10-1864</u>				
7. AGE <u>69</u> YEARS	MONTHS <u>11</u>	DAY <u>4</u>	IF LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Wife</u>			
	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	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-14 1934

22. I HEREBY CERTIFY, That I attended deceased from 8-15, 1933, to 2-14, 1934
I last saw her alive on 2-13, 1934 Death is said to have occurred on the date stated above, at 1:00 P.M.
The principal cause of death and related causes of importance were as follows:
Acute Cardiac Decompensation
Coronary Arteriosclerosis
with metastases generalized
53 B
Other contributory causes of importance:
53 B
Pharyngitis

Name of operation Cholecystectomy Date of 9-1-33
What test confirmed diagnosis? Biopsy (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. W. Gardner, M. D.
(Address) Glasgow, Mo

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER

13. NAME Walter

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

MOTHER

15. MAIDEN NAME Anna Walter

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

17. INFORMANT (ADDRESS) Leo Schnitzmeyer
Gillian Missouri

18. BURIAL, CREMATION OR REMOVAL (ADDRESS) St. Louis
PLACE All Saints DATE 2-16 19

19. UNDERTAKER (ADDRESS) John Miller
St. Louis

20. FILED 2-10 1934 J. W. Gardner Registrar.

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

