

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

2287

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis (No. 4001 Page Ave.)

File No.....  
 Registered No. 801 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Margareta Schmidt  
 (a) Residence. No. 4001 Page Ave. St. 11 Ward.....  
 (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 <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>Christian J. Schmidt</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Dec 20 1860</u>		
7. AGE	YEARS <u>66</u>	MONTHS <u>1</u>
	DAYS <u>4</u>	IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer)..... (c) Name of employer.....		
9. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY) <u>Germany</u>		

<b>PARENTS</b>	10. NAME OF FATHER <u>Don't know</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... (STATE OR COUNTRY) <u>Germany</u>
	12. MAIDEN NAME OF MOTHER <u>Don't know</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... (STATE OR COUNTRY) <u>Germany</u>

14. INFORMANT Mr August C. Miller  
 (Address) 4001 Page Ave

15. FILED JAN 26 1927 Miss Starkloff  
 19..... REGISTAR

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 24 1927  
 17. I HEREBY CERTIFY That I attended deceased from Oct 70 1920, to Jan 24 1927,  
 that I last saw her alive on Jan 24 1927, and that death occurred, on the date stated above, at 7:55 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Acute Coriary Dilatation 1 Day  
Chronic Endocarditis (Mitral and Aortic)  
 (duration) 2 yrs. — mos. — ds.  
 CONTRIBUTORY (SECONDARY) Chronic Nephritis  
 (duration) 3 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED 1290  
 IF NOT AT PLACE OF DEATH.....  
 DID AN OPERATION PRECEDE DEATH? No DATE OF.....  
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS.....  
 (Signed) W. G. Kinning, M. D.  
Jan 25 1927 (Address) 4568 Harris Av.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Memorial Park Cem</u>	DATE OF BURIAL <u>1-25 1927</u>
20. UNDERTAKER <u>Geo. L. Pleitach</u>	ADDRESS <u>5966 Easton Ave</u>

**WRITE PLAINLY, WITH UNFADING INK---THIS IS 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.

