

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

Do not use this space.

23071

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis (No. 3521, Park Ave) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 Registered No. 6760

**2. FULL NAME**

Hilda Krauss Schmidt  
 (a) Residence, No. 3521 Park Ave St. 18 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Otto Schmidt  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 11, 1891  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
35 | 10 | 13 | \_\_\_\_\_  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Housewife  
 (b) General nature of industry, business, or establishment in which employed (or employer).  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis  
 (STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Henry Kraus  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) Russia  
 12. MAIDEN NAME OF MOTHER Louise Franke  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) Germany

14. INFORMANT Dr. Otto Schmidt  
 (Address) 3521 Park Av.

15. FILED JUL 26 1927 M. L. Starckoff  
 19. \_\_\_\_\_ REGISTER

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 24 1927  
 17. I HEREBY CERTIFY That I attended deceased from April 18 1927 to July 24 1927  
 that I last saw her alive on July 24 1927 and that death occurred, on the date stated above, at 16:30 p. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Coronary thrombosis  
48  
46 (duration) 1 yrs. mos. ds.  
 CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH: None

9 DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? \_\_\_\_\_  
 WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) Dr. W. J. G. ... M. D.  
 , 19 (Address) 3155 S. Shaw

\*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL New St. Marcus DATE OF BURIAL 7-27-1927

20. UNDERTAKER Witt Bros. Lt 46029280 Jefferson ADDRESS

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.

St Eagleman  
3155 So Grand  
3535 Wyoming