

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

Do not use this space.

34879

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. **791**
Primary Registration District No. **1003**

File No.....
Registered No. **10021**
St. Ward)

2. FULL NAME

(a) Residence, No. **4219 Chouteau Ave** St., **15** Ward.
(Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Widow**

5A. IS MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF **Ambrose Schmid**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Jan 5, 1856**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 10 2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Housework**
(b) General nature of industry, business, or establishment in which employed (or employer) **at home**
(c) Name of employer

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

10. NAME OF FATHER **Henry Dutrah**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Germany**
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Praxicus Stark**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Germany**
(STATE OR COUNTRY)

14. INFORMANT **Mrs J. Gillmore**
(Address) **4219 Chouteau Ave**

15. FILED **71-9-1027** **Mar. 6. Starkeoff** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Nov 7 1927**

17. I HEREBY CERTIFY, That I attended deceased from **Sept 19, 27** to **Nov 7, 1927**, that I last saw her alive on **Nov 7, 1927**, and that death occurred, on the date stated above, at **8:45 p.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diabetes Mellitus. 59
Paralysis of entire left side of body.
Dropsy.
(duration) **3 yrs. over**
CONTRIBUTORY **Paralysis 3 wks.**
(SECONDARY)
Progressive (duration) **3 wks. -**

18. WHERE WAS DISEASE CONTRACTED **At place of death.**
IF NOT AT PLACE OF DEATH:

DID AN OPERATION PRECEDE DEATH? **no** DATE OF **11/7/27**
WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS? **Analyzings**
(Signed) **Julia L. Blanch** M. D.

Nov 8 1927 (Address) **12028 Vandeventer**
*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 **St. Mathew Cemetery** DATE OF BURIAL **Nov 10, 1927**

20. UNDERTAKER **Freyhauser and Co. Manchester**
ADDRESS **410 1/2**

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.

