

MAR 17 1928

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

Do not use this space.

4251

File No. 1049

Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125
Township _____ Primary Registration District No. 3009
City St. Francis Hospital St. _____ Ward _____

2. FULL NAME Alpina Mary Schmitz

(a) Residence No. _____ St. _____ 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 (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF Herman A Schmitz

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 15 - 1905

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
22 2 13

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) New Hamburg
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Phillip J. Westrick

11. BIRTHPLACE OF FATHER (CITY OR TOWN) New Hamburg
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Louise Bisher

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) New Hamburg
(STATE OR COUNTRY) Mo

14. INFORMANT Herman A Schmitz
(Address) New Hamburg Mo

15. FILED 2/28 1928 W. Schmitz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 28 1928

17. I HEREBY CERTIFY That I attended deceased from 2/25 1928 at 2/28 1928 that I last saw him alive on 2/25 1928, and that death occurred, on the date stated above, at 7:15 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Eclampsia (Pre-eclampsia)

CONTRIBUTORY (SECONDARY) None
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED New Hamburg Mo
IF NOT AT PLACE OF DEATH, _____

DID AN OPERATION PRECEDE DEATH? NO DATE OF _____

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? Urinalysis
(Signed) C. H. Smith M. D.

2/28, 1928 (Address) Cape Girardeau Mo
*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 Hamburg Mo DATE OF BURIAL Mar 2 1928

20. UNDERTAKER Loring F & W Co ADDRESS Cape Gir Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS SHOULD STATE EXACTLY HOW AND UNDER WHAT CIRCUMSTANCES DEATH OCCURRED. Exact statement of OCCUPATION is very important.

PARENTS

