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

OR 28 1928

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

Do not use this space.

10529

1. PLACE OF DEATH
County St Louis — Registration District No. 1123 — File No.
Township Carondelet — Primary Registration District No. 6248 E — Registered No. 89
City — (No. Concord & Tesson Roads St. Ward)

2. FULL NAME Helena Schnetz
(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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 25, 1857

7. AGE: Years 71 — Months 1 — Days 22 — If LESS than 1 day, ... hrs. or ..... min.

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

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

PARENTS
10. NAME OF FATHER John Schnetz
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Elizabeth Zelch
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

14. INFORMANT Mrs. Wm Klund
(Address) Concord & Tesson Roads

15. FILED Mch 19 1928 L. C. Obrock REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 17 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 24, 1927, to March 17, 1928, that I last saw her alive on March 16, 1928, and that death occurred, on the date stated above, at 6 45 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Valvular Disease of Heart

92 H

900 (duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) (duration) — yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? St Louis Mo
0 DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
Mar 19, 1928 (Signed) Andrew Youngman, M. D
(Address) Sappington 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 St Johns — DATE OF BURIAL: Mch 21 1928

20. UNDERTAKER: C Hoffmeister U & L Co — ADDRESS: 7814 So Bdwy