

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

Do not use this space.

18765

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis, Mo. (No. 4398 West Pine Blvd.)
 File No. Registered No. 5160
 St. Ward)

2. FULL NAME Cornelia Schmit

(a) Residence. No. 4398 West Pine Blvd. St. 19 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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>Married</u> | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Frank Schmit</u> | | | | | |
| 6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>August 1, 1892</u> | | | | | |
| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, <u> </u> hrs. or <u> </u> min. | |
| | <u>35</u> | <u>9</u> | <u>9</u> | | |
| 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) Fulton,
 (STATE OR COUNTRY) Missouri.

| | |
|---------|---|
| PARENTS | 10. NAME OF FATHER <u>Phillip Oestreich</u> |
| | 11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Waterloo,</u> (STATE OR COUNTRY) <u>Illinois</u> |
| | 12. MAIDEN NAME OF MOTHER <u>Pauline Minker</u> |
| | 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Waterloo,</u> (STATE OR COUNTRY) <u>Illinois.</u> |

14. INFORMANT Frank Schmit
 (Address) 4398 W. Pine Blvd

15. FILED May 12 1928 REGISTRAR Max C. Starker

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 10th, 1928.
 17. I HEREBY CERTIFY That I attended deceased from July 10, 1928 to May 10, 1928
 that I last saw her alive on May 7, 1928 and that death occurred, on the date stated above, at 7:12 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of the Uterus
4 6 (duration) yrs. 8 mos. da.
 CONTRIBUTORY (SECONDARY) General Carcinomatosis through out abdominal cavity (duration) yrs. 3 mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH... Illinois at her home
 DID AN OPERATION PRECEDE DEATH... no. DATE OF padding office
 WAS THERE AN AUTOPSY? no.

WHAT TEST CONFIRMED DIAGNOSIS consultation
 (Signed) A. V. Clareward M. D.
5/10, 1928 (Address) 917 Arcade Bldg

*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 Oak Grove DATE OF BURIAL May 12, 1928.

20. UNDERTAKER Wacker-Heldrich ADDRESS 2331 S. Brady.

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.

