

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No.....

791

18816

Township.....

Primary Registration District No.....

1008

File No.....

City St. Louis, Mo. (No. 3672)

Russell

Registered No. 15213

St. Ward)

2. FULL NAME

Louise Schmitt

(a) Residence. No. 3672 Russell Blvd., St., 17 Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 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 (writhe the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 20 - 1877

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
50 | 10 | 21

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) Alton, Illinois
(STATE OR COUNTRY)

10. NAME OF FATHER John Schneider

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Not known
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Not known
(STATE OR COUNTRY)

14. INFORMANT Mrs. P. H. Cales
(Address) 3672 Russell Blvd., St. Louis, Mo.

15. MAY 12 1928 Max C. Stanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 11 - 1928

17. I HEREBY CERTIFY, That I attended deceased from May 8 to May 11 1928 that I last saw him alive on May 11, 1928, and that death occurred, on the date stated above, at 10:30 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diphtheria

3 1/2 months (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Transverse Myelitis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 3672 Russell Blvd., St. Louis, Mo.
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No. *DATE OF

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) George J. Gray

511 7409 (Address) St. Louis, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL College Hill Lebanon, Missouri DATE OF BURIAL May 14 1928

20. UNDERTAKER John A. Meyer ADDRESS Lebanon, Mo.

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.

