

1929

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

Do not use this space.

1. PLACE OF DEATHCounty St. LouisRegistration District No. 757Township St. LouisPrimary Registration District No. 3036City St. Louis(No. 1116 Hall St)File No. 37957Registered No. 176St. St. LouisWard St. Louis**2. FULL NAME**(a) Residence No. 1116 Hall St. St. Louis Ward St. Louis

(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**Female**4. COLOR OR RACE**White**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**Widowed**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**Jerome Weiss**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**Mar. 22-1889**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, — hrs. — min.

3983**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

Homemaker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)St. Louis

(STATE OR COUNTRY)

Mo**10. NAME OF FATHER**Peter Schmeyer**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**St. Louis

(STATE OR COUNTRY)

Mo**12. MAIDEN NAME OF MOTHER**Mary Schmeyer**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**St. Louis

(STATE OR COUNTRY)

Mo**14.**INFORMANT x Ellen Schoether
(Address) St. Louis**15.**

FILED

11/28/28 Hg. G. Bloebau

REGISTRAR

MEDICAL CERTIFICATE OF DEATH**16. DATE OF DEATH (MONTH, DAY AND YEAR)**Nov 25 1928**17.**

I HEREBY CERTIFY, That I attended deceased from Nov 17, 1928, to Nov 25, 1928
that I last saw her alive on Nov 24, 1928, and that death occurred, on the date stated above, at 7:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Valvular disease of heart
Myocardial degeneration

13192A

(duration)

yrs.

mos.

da. +

CONTRIBUTORYChronic Interstitial Nephritis

(SECONDARY)

(duration)

yrs.

mos.

da. +

18. WHERE WAS DISEASE CONTRACTEDat place of death

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATHno

DATE OF

19. WAS THERE AN AUTOPSY?no**WHAT TEST CONFIRMED DIAGNOSIS?**Physical Exam & history

(Signed)

Neil L. Freeman, M.D.Nov 27, 1928 (Address)64 Charles 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**DATE OF BURIAL**10 Fullon MoNov 28 19 28**20. UNDERTAKER****ADDRESS**W. HallenburgerSt. Louis Mo

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.

