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

Do not use this space.

File No. 43061

Registered No. 12349

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. 2544 Vista St. ..... Ward)

2. FULL NAME Marie Wagner

(a) Residence. No. 2544 Vista St., 18 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): widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 10 - 1831

7. AGE: Years 97 | Months 2 | Days 7 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) Reinnau
(STATE OR COUNTRY) Switzerland

PARENTS

10. NAME OF FATHER Ignatius Schmid

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Switzerland

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Switzerland

14. INFORMANT Frank Engel
(Address) 2544 Vista ave.

15. FILED ..... 19 ..... Mar C. Starkloff Registrar

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Mar 26, 1927, to Dec. 17, 1928 that I last saw he alive on Dec. 10, 1928, and that death occurred, on the date stated above, at 8:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral regurgitation
131
9 a 1 9 A 1
(duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) Chronic Interstitial Nephritis
(duration) 10 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? No. DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Laboratory & Phys. findings
(Signed) L. C. Hirschberg M. D.
12/18, 19 28 (Address) Metropolitan 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: Mo Crematory — DATE OF BURIAL: Dec 20 1928

20. UNDERTAKER: E. J. Schnur — ADDRESS: 3120 Lafayette

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD