

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

Do not use this space.

31687

1. PLACE OF DEATH

County St. Charles Registration District No. 157 File No. _____
 Township _____ Primary Registration District No. 3036 Registered No. 133
 City St. Charles (No. St. Josephs Hospital) St. 22 Ward)

2. FULL NAME

Agnes Schmedler
 (a) Residence. No. 825 Jefferson St. Ward. _____ (If nonresident, give city or town and State)
 (Usual place of abode)
 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** Married
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 15-1875

7. AGE
 YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
54 5 20

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) (STATE OR COUNTRY) Black Walnut Mo.

10. NAME OF FATHER Henry Huntebunke

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

12. MAIDEN NAME OF MOTHER E. Moellerling

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) New Mexico Mo

14. INFORMANT Wm. F Schmedler
 (Address) 825 Jefferson St.

15. FILED 9/9 1929 Reg. D. Blochman
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 5 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug 26 1929 to Sept 5 1929
 that I last saw him alive on Sept 4 1929 and that death occurred, on the date stated above, at 4:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Stomach
& Bowels
 (duration) yrs. mos. ds. 4 6 B
4 6 C

CONTRIBUTORY (SECONDARY) 4 4 0
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

1 DID AN OPERATION PRECEDE DEATH? Yes DATE OF Aug 25-1929

2 WAS THERE AN AUTOPSY? no

3 WHAT TEST CONFIRMED DIAGNOSIS? operation
 (Signed) J. R. Ashbie, M. D.

Sept 6, 1929 (Address) St. 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 Pointe a la Pline **DATE OF BURIAL** Sept 5 1929

20. UNDERTAKER H. H. Huelmeier & Sons 60 **ADDRESS** 800 N. 2nd St.

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.

2-1929

23

10

1

