

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

Do not use this space.

34972

**1. PLACE OF DEATH**

County St. Louis City  
Township Central  
City Mo. (No. 753)

Registration District No. 1123  
Primary Registration District No. 6248 C

File No. \_\_\_\_\_  
Registered No. 383  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Louisa Thyer Schmitt

(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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 30 1867

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>62</u>	<u>1</u>	<u>0</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. Housework  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer At Home

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

10. NAME OF FATHER: Unknown Dead  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
12. MAIDEN NAME OF MOTHER Unknown  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Lena Ufer Registering  
(Address) 753 Regina Ave. Mo.

15. FILED Oct 31 1929 L. C. Obrock M. U. REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 30 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct 30 1929 to Oct 30 1929 that I last saw her alive on Oct 30 1929, and that death occurred, on the date stated above, at 12:57 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chronic Valvular heart disease. Heart stroke

92A  
930 (duration) 2 yrs. mos. ds.  
CONTRIBUTORY obesity, cholelithiasis  
(SECONDARY) Fatty degeneration of heart  
(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
IF NOT AT PLACE OF DEATH \_\_\_\_\_  
DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) C. B. Rosemeyer, M. D.  
10.31.1929 (Address) 762 Lemay Ferry 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 Concordia Cemetery DATE OF BURIAL Nov. 2 1929

20. UNDERTAKER Thos J. Robert ADDRESS 1905 S. Grand

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.

PARENTS

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130d

10/10/10

THE [illegible] OF [illegible]

[illegible text]

[illegible text]