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.

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

Do not use this space. ~~3194~~ 3363

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. ~~2792~~

Township ..... Primary Registration District No. ..... Registered No. 861

City St. Louis, Mo. (No. 3421 Missouri Avenue St. ..... Ward)

2. FULL NAME Margarete Schirmer

(a) Residence. No. 3421 Missouri Avenue St., 24 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 (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) February 26, 1859

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
70	11	0	

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

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

PARENTS

10. NAME OF FATHER Henry Niederhofer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER (Unknown)
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Germany

14. INFORMANT Henry Schirmer
(Address) 5168 Kingshighway S.W.

15. FILED JAN 27 1930 Max C Starkloff REGISTRAR

2) MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 26, 1930

17. I HEREBY CERTIFY, That I attended deceased from January 26th 1930 2 A.M., 19..., to January 26 1930 and that I last saw her alive on January 30, 1930, and that death occurred, on the date stated above, at 9:20 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Angina Pectoris

94P

95C

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Chronic Myocarditis

unknown (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH .....

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Wm. F. Simon M. D.

I. 27, 1930 (Address) 1115 Victor Str.

*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: New ST. Marcus
DATE OF BURIAL: Jan. 29, 1930.

20. UNDERTAKER: Wacker Helderle
ADDRESS: 2331 S. Brdwy.