

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

Do not use this space.

14432

1. PLACE OF DEATH

County..... Registration District No. 701
Township..... Primary Registration District No.
City St. Louis (No. St. Johns 1503) St. Ward)

File No.
Registered No. 3776

2. FULL NAME

Alfretta R. Schrick
(a) Residence. No. 3406^a E. Cass Ave. St. Ward. 6
(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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 12 1910

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
20 1 2

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) Olivette
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Alfred H. Smith

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Minnie Hagman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ?
(STATE OR COUNTRY) Missouri

14. INFORMANT Mr. Emmett Schrick
(Address) 3406^a E. Cass Ave.

15. FILED 1930 REGISTRAR [Signature]

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 14 1930

17. I HEREBY CERTIFY, That I attended deceased from April 7, 1930, to April 14, 1930 that I last saw her alive on April 14, 1930, and that death occurred, on the date stated above, at 3.50 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Eclampsia - Puerperal
126
131 (duration) yrs. mos. 2 ds.
CONTRIBUTORY Chronic Nephritis
(SECONDARY) (duration) 2 yrs. 0 mos. 2 ds.

18. WHEN WAS DISEASE CONTACTED
IF NOT AT PLACE OF DEATH 34060 Cass Ave.

DID AN OPERATION PRECEDE DEATH? Yes DATE OF April 12-30
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Albuminuria - Convulsions
(Signed) [Signature] M. D.

(Address) 330 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 New St. Marcus Cem DATE OF BURIAL 4-16 1930

20. UNDERTAKER Geo. L. Olitsch ADDRESS 5966 Eastern

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.

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D. ...
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