

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

Do not use this space.

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File No. \_\_\_\_\_  
Registered No. **5964**

**1. PLACE OF DEATH**

County \_\_\_\_\_ Registration District No. \_\_\_\_\_  
Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_  
City St. Louis (No. St. Louis Mullamphy Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_)

**2. FULL NAME**

Elisabeth Schmid  
(a) Residence. No. Florisant Mo. St. 11 Ward. Florisant Mo.  
(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**

**1 MEDICAL CERTIFICATE OF DEATH**

3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Female White Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 15<sup>th</sup> 1877

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>53</u>	<u>3</u>	<u>5</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

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

10. NAME OF FATHER. Henry Beckert

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

12. MAIDEN NAME OF MOTHER not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN), Germany  
(STATE OR COUNTRY)

14. INFORMANT Otto N. Schmid  
(Address) Florisant Mo

15. FILED JUN 20 1930 Wm C Haskett REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 20<sup>th</sup> 1930

17. I HEREBY CERTIFY, That I attended deceased from June 15, 1930, to June 20, 1930, that I last saw he is alive on June 19, 1930, and that death occurred, on the date stated above, at 12:30 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
99A

Thrombosis of the axillary artery (duration) yrs. mos. 5 ds.

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) J. J. Millmann, M. D.

6-20 1930 (Address) Florisant 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 Calvary Cemetery DATE OF BURIAL June 23<sup>d</sup> 1930

20. UNDERTAKER Edward Koch ADDRESS 3516 414th

Every year of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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