

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

Do not use this space.
26131

1. PLACE OF DEATH

County St. Louis Registration District No. 788
Township Central Primary Registration District No. 4471
City Wheeler Homes (No. 804 Atlanta) St. _____ Ward _____

2. FULL NAME Minietta Schirmer

(a) Residence, No. 804 Atlanta St. _____ Ward _____
(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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 7, 1838
7. AGE YEARS 93 MONTHS 3 DAYS 12 IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

FATHER 13. NAME Phillip F. Schirmer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brussels Belgium

MOTHER 15. MAIDEN NAME Anna Manner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

17. INFORMANT (ADDRESS) W. S. Barker 804 Atlanta W. A.

18. BURIAL, CREMATION, OR REMOVAL. PLACE Bellefontaine DATE July 21, 1931

19. UNDERTAKER (ADDRESS) Crown Casket Co. 2709 N. Grand

20. FILED 7/20, 1931 Dr. A. W. Westrup Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19, 1931

22. I HEREBY CERTIFY, That I attended deceased from June 19, 1931 to July 19, 1931
I last saw her alive on July 19, 1931. Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

Cardiac Arrhythmia
95A
162
Other contributory causes of importance: Advanced Age

8. Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) W. S. Barker, M. D.
(Address) 279 Webster Bldg. St. Louis 1930

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.

AUG 29 1931

