

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

Do not use this space.

29586

1. PLACE OF DEATH

County _____ Registration District No. 701 File No. _____
Township _____ Primary Registration District No. 1903 Registered No. 8611
City St. Louis (No. Bethesda Hospital) St. _____ Ward _____

2. FULL NAME

Mary Ann Schmitz
(a) Residence, No. 1819 1/2 Allen Av. St. 23 Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 9 mos. 21 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) Oct. 18 - 1930

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	<u>9</u>	<u>21</u>		

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) St. Louis (STATE OR COUNTRY) Mo.

FATHER 13. NAME Fred Schmitz

14. BIRTHPLACE (CITY OR TOWN) Quincy (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME Marie Zavadil

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

17. INFORMANT Fred Schmitz (ADDRESS) 1819 1/2 Allen Av. St.

18. BURIAL, CREMATION, OR REMOVAL St. Peter's Park DATE 8-10 1931

19. UNDERTAKER N. C. Magdell (ADDRESS) 1616 Allen St.

20. FILED AUG 20 1931 Registrar C. H. ...

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-9 1931

22. HEREBY CERTIFY, That I attended deceased from June 28, 1931, to Aug 9, 1931.

I last saw h. alive on Aug 8, 1931 Death is said

to have occurred on the date stated above, at 7 A. m.

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

Chronic Enteritis
122B (malnutrition)
110B
15/10/25
Paralytic Illness

Date of onset

Name of operation none Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? no

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? no

If so, specify _____

(Signed) [Signature] M.D.

(Address) 5417 Grand Blvd

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.

THIS IS A PERMANENT RECORD

