

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.

29917

1. PLACE OF DEATH

County Registration District No. 791
 Township Primary Registration District No. 1008
 City St. Louis Mo. (No. Seaconess Hosp.) St. Ward
 File No. Registered No. 8976

2. FULL NAME

Elizabeth Schmidt
 (a) Residence, No. 5517 Benton St. 20 Ward. (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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1 - 1878

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>53</u>	<u>3</u>	<u>18</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

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) New Orleans

13. NAME Not known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT Mrs Fitzpatrick
 (ADDRESS) 4155 Pleasant St

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Brunens. DATE Aug 22 1931

19. UNDERTAKER W. J. Bidner and Co
 (ADDRESS) 1417 N. Market St

20. FILED 3 22 31 W. J. Bidner
 Registrar.

3 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 19 1931, to Aug 19 1931

I last saw her alive on Aug 19 1931. Death is said to have occurred on the date stated above, at 6 P. m.

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

Myocardial Infarction
92A 92B 95A 111B
 Other contributory causes of importance
Arteriosclerosis

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.

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify Arteriosclerosis of the lungs
 (Signed) L. H. Thompson M. D.
 (Address) 503 Bonhomme Bldg

U U

