

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

Do not use this space.

17995

**1. PLACE OF DEATH**

County.....  
Township.....  
City St. Louis

Registration District No. 701  
Primary Registration District No. 1000  
(No. 24th Johns Aray)

File No. ....  
Registered No. 4964  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 5516 Leales St. 5 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 <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>divorced</u>
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Herman Schmidt</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 27, 1884</u>		
7. AGE	YEARS <u>47</u>	MONTHS <u>7</u>
	DAYS <u>24</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>	
	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) <u>Momel Germany</u>		
FATHER	13. NAME <u>Robert Horvitz</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lithuania</u>	
MOTHER	15. MAIDEN NAME <u>Sophia Sachs</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lithuania</u>	
17. INFORMANT (ADDRESS) <u>Dr. C. E. Horvitz, 1624</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Ann Mag</u> DATE <u>5/23, 1932</u>		
19. UNDERTAKER (ADDRESS) <u>H. A. Adams</u>		
20. FILED <u>MAY 21 1932</u> <u>W. C. Barker</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 21, 1932

22. I HEREBY CERTIFY That I attended deceased from May 18<sup>th</sup>, 1932, to May 21<sup>st</sup>, 1932. I last saw h. alive on May 21<sup>st</sup>, 1932. Death is said to have occurred on the date stated above, at 9 P m. The principal cause of death and related causes of importance were as follows:

Pneumococci meningitis 5/16-32

89A 79A 119A 119B 119C 119D

Other contributory causes of importance: Otitis media

Name of operation..... Date of.....  
What test confirmed diagnosis? Spinal puncture 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? No  
If so, specify.....  
(Signed) Alphonse McNamee, M. D.  
(Address) 806 Mason Bldg

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

V. S. No. 2

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.

