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

Do not use this space.

20953

File No.
Registered No. 5449

1. PLACE OF DEATH

County
Registration District No. 701
Township
Primary Registration District No. 1033
City St. Louis (No. 5085 Durant Ave. St. Ward)

2. FULL NAME Mary Schmidt

(a) Residence, No. 5085 Durant Ave. St., 7 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 4; 1849

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	82	7	3	

OCCUPATION

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

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) Moro Ill.

FATHER

13. NAME Unk.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk.

MOTHER

15. MAIDEN NAME Unk.

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

17. INFORMANT W. H. Eilers
(ADDRESS) 5085 Durant Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Edwardsville Ill DATE 6-9-1932

19. UNDERTAKER Marks & Weber Und.
(ADDRESS) Edwardsville Ill.

20. FILED JUN -8 1932 Mary C. Wilhelm Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 7, 1932

22. I HEREBY CERTIFY That I attended deceased from March 8, 1932 to June 7, 1932

I last saw he alive on June 7, 1932. Death is said to have occurred on the date stated above, at 12:55 p.m.

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

	Date of onset
Gangrene of foot with Septicemia	
Hypostatic Pneumonia	
Senility	

Other contributory causes of importance:
Endarteritis obliterans

Name of operation Date of
What test confirmed diagnosis? 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) C. H. Kilker M. D.
(Address) 3121 N. Grand Blvd

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.