

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

Do not use this space.
24690

1. PLACE OF DEATH

County..... Registration District No. 0-1
 Township..... Primary Registration District No. 118
 City St. Louis Mo. (No. St. Louis 3rd-1700) File No. 6835
 St. (Ward)

2. FULL NAME

Henrietta Schmidt nee Montaguon
 (a) Residence, No. 6263 Hoffman St. 17 Ward. (If nonresident, give city or town and State)
 (Usual place of abode)
 Length of residence in city or town where death occurred 35 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

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>Married</u>		
		5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Raymond Schmidt</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 28, 1897</u>				
7. AGE	YEARS <u>35</u>	MONTHS <u>3</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>Housewife</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>			
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation <u>22</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo.</u>				
FATHER	13. NAME <u>Alphonse Montaguon</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>France</u>			
MOTHER	15. MAIDEN NAME <u>Trabelle Bausant</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo. France</u>			
17. INFORMANT <u>Raymond Schmidt</u> (ADDRESS) <u>6263 Hoffman Ave</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Valhalla</u> DATE <u>7-22</u> 19 <u>32</u>				
19. UNDERTAKER <u>Wiegshausen Mortuaries</u> (ADDRESS) <u>2225 So King Highway</u>				
20. FILED <u>114</u> <u>23</u> 19 <u>32</u> <u>W.C. [Signature]</u> Registrar.				

7 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1932, to July 22, 1932
 I last saw her alive on July 22, 1932 Death is said to have occurred on the date stated above, at 12:30 Am.
 The principal cause of death and related causes of importance were as follows:
Heart Disease (Chronic Mitral Stenosis) With Heart Failure
 Other contributory causes of importance:
Pregnancy with labor and delivery
Acute Pulmonary edema
 Name of operation Delivery Date of July 20 1932
 What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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 No
 (Signed) A. Klein, M. D.
 (Address) 630 S. Kingshighway

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.

