

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.

30450

1. PLACE OF DEATH

County..... Registration District No. *701*
Township..... Primary Registration District No. *10-2*
City *St. Louis, Mo.* (No. *St. Louis*) St. *21* Ward

File No.
Registered No. *8108*
St. Ward

2. FULL NAME

Minnie Schmidt
(a) Residence, No. *2700 A. Glasgow Ave.* St. *21* 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) *Single*
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb. 22nd 1886*
7. AGE YEARS *46* MONTHS *6* DAYS *14* If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Store Lady*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Tailoring 37*
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) *St. Louis Mo. 1*

MOTHER 13. NAME *Mrs. Schmidt*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany 10*

15. MAIDEN NAME *Bernadine Hussmann*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

17. INFORMANT *Deed of G. Schmidt* (ADDRESS) *2700 Glasgow Ave.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Galvary* DATE *Sept. 8th 1932*

19. UNDERTAKER (ADDRESS) *Ang. Brockland & Co. 1421 1/2 St. 2nd*

20. FILED *SEP - 7 1932* *Max Starkey* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *9 - 6 - 1932*

22. I HEREBY CERTIFY, That I attended deceased from *July 5, 1927*, to *Sept 6, 1932*
I first saw him live on *Sept 5, 1932* Death is said to have occurred on the date stated above, at *11 A. M.*

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

Carcinoma
(your hand) left breast
50
53E 57
Other contributory causes of importance:
General carcinoma
lungs

Name of operation *Radiation* Date of *1/24/32*
What test confirmed diagnosis? *Path* Was there 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? If so, specify *Yes*
(Signed) *J. P. ...* M. D.
(Address) *577-26 Beaumont*

H. ...

