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.

21049

1. PLACE OF DEATH
County St. Louis — Registration District No. 1160 — File No.
Township Central — Primary Registration District No. 4470 — Registered No. 65
City University City (No. 1011 Irma Ave. St. Ward)

2. FULL NAME Charlotte Jean Schmitt
(a) Residence, No. 1011 Irma St., 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 F.
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 21-1933
7. AGE YEARS MONTHS DAYS 26 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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) St. Louis Mo

FATHER
13. NAME Unk
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk

MOTHER
15. MAIDEN NAME Opal Schmitt
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

17. INFORMANT (ADDRESS) Bessie Schmitt 4528 S. Wilchia
18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park Cemetery DATE 6-17-33
19. UNDERTAKER (ADDRESS) Hoppe Und. Co. 4281 N. Euclid
20. FILED June 17, 1933 Lena V. Moeller D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/16/1933
22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:
Incomplete closure of Cardiac foramen ovale. Complete pulmonary congestion (Hemorrhagic) through both lungs. Infarction of spleen. Infarction of R. kidney.
Date of onset
Other contributory causes of importance:
Pneumonia Bronchial
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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 .....
(Signed) Luke B. Turnon, M.D.
(Address) 3718 Jennings Rd. 6/16/33
Coroner St. Louis Co. Mo.