

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

Do not use this space.

**27484**

**1. PLACE OF DEATH**

96

County St Louis Registration District No. 784  
 Township St Ferdinand Primary Registration District No. 6230  
 City Red Light (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

JEENE Schmersahl  
 (a) Residence, No. Chambers Rd 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Schmersahl  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 28<sup>th</sup> 1909  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
33 5 27

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Housewife  
 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) mo

FATHER  
 13. NAME John Schnoer 0

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

MOTHER  
 15. MAIDEN NAME Anna Rocklage

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

17. INFORMANT (ADDRESS) John Schmersahl  
Chambers Rd St Louis Mo

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Calvary DATE Aug 26<sup>th</sup> 1933

19. UNDERTAKER (ADDRESS) Edward York  
3516 N 14<sup>th</sup> St

20. FILED Aug 25<sup>th</sup> 1933 Emma J Harris  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 24 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 23, 1933, to Aug 24, 1933  
 I last saw her alive on Aug 24, 1933. Death is said to have occurred on the date stated above, at 8:30 a.m.  
 The principal cause of death and related causes of importance were as follows:

Respirated Tubal Pregnancy  
14 1/2 14 1/2  
 Other contributory causes of importance:  
 Name of operation None 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) J. S. Williamson, M. D.  
 (Address) 111 Ferguson - Mo.

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 OCCASION is very important. SEP 26 1933

