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.

SEP 26 1933

8-1-256

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

Do not use this space.

27954

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 03

File No. ..... Registered No. 7009

City St. Louis (No. 6421 Lloyd av. St. ..... Ward)

2. FULL NAME Gertrude Schmedel,

(a) Residence, No. 6421 Lloyd Ave. St., 3 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): Divourced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1889-9-28

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
43	10	15	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. St. Louis Chamber of Commerce.

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 John L. Schmedel,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

MOTHER

15. MAIDEN NAME Bessie Pomeroy,

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

17. INFORMANT (ADDRESS) Benny Schmedel. 6421 Lloyd av. cad.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Sunset Burial Park DATE 8/15/33. 19

19. UNDERTAKER (ADDRESS) Robert J. Lambursky, Inc. Clayton Road at Concordia Lane!

20. FILED AUG 14 1933 19 J F Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 13th, 19 33.

22. I HEREBY CERTIFY, That I attended deceased from Aug 3, 19 33, to August 13th, 19 33.

I last saw her alive on August 13th, 19 33. Death is said to have occurred on the date stated above, at 2 a m.

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

	Date of onset
Carcinoma of lungs	
47B	

47

Other contributory causes of importance:

Carcinoma of lungs

Name of operation none Date of .....

What test confirmed diagnosis? Physical findings 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) Matthew W. Weiss, M. D.

(Address) 1005a McCausland av.