

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

Do not use this space.

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1487**  
City *St. Louis Mo* (No. *De Paul Hosp*) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. **31131**  
Registered No. **7822**  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** *Mildred Schott*

(a) Residence, No. *3423 Williams Pl* St. *6* 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) *Jun 25 - 1909*

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<i>24</i>	<i>7</i>	<i>13</i>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Multigraph Operator*  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *A.P. Store*  
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*

13. NAME *Henry A. Schott*

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

15. MAIDEN NAME *Mamie Herbel*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis Mo*

17. INFORMANT (ADDRESS) *Mamie Schott 3423 Williams Pl*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Bethania* DATE *Sept 11 1933*

19. UNDERTAKER (ADDRESS) *W. Leidner Mtd Co 174 S. Market St*

20. FILED *10 33 19* *J. F. Brebeck* Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept 8 1933*

22. I HEREBY CERTIFY, that I attended deceased from *Dec 1930* to *Sept 8 1933*. I last saw h. w. alive on *Sept 7 1933* Death is said to have occurred on the date stated above, at *3 A. m.*

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

*Chronic Valvular Heart Disease*  
*Infarct of Rt Lung*

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
What test confirmed diagnosis *auscultation* 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. *no*

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_

(Signed) *A. Gettinger*, M. D.  
(Address) *2745 N Grand Ave*

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.

OCT 20 1933

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FATHER MOTHER

