

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.

MAR 24 1934

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

Do not use this space.

6984

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City *St. Louis Mo.* (No. *Missouri Baptist Hospital* St. Ward) **1860**

2. FULL NAME

Elizabeth Schmieder
(s) Residence, No. *7509 Olive St.* St. *N. R.* Ward. *St. Louis County*
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred *60* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>F.</i>	4. COLOR OR RACE <i>W.</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF <i>J. J. Schmieder</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Aug. 16 - 1873</i>				
7. AGE	YEARS <i>60</i>	MONTHS <i>6</i>	DAYS <i>4</i>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>House wife</i>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Housework</i>			
	10. Date deceased last worked at this occupation (month and year) <i>Feb. 6 - 1934</i>		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Mitchell Ill.</i>				
FATHER	13. NAME <i>Joseph Kloetzner</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>			
MOTHER	15. MAIDEN NAME <i>Mary Meyer</i>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>			
17. INFORMANT <i>J. J. Schmieder</i> (ADDRESS) <i>7509 Olive St.</i>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Central Cem.</i> DATE <i>2-23-34</i>				
19. UNDERTAKER <i>Oxenhandler Funeral Dir.</i> (ADDRESS) <i>44 9th Washington Blvd.</i>				
20. FILED <i>FEB 21 1934</i> <i>J. T. Brueck</i> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb. 20, 1934*

22. I HEREBY CERTIFY, That I attended deceased from *Jan. 15 - 1933*, to *Feb 20, 1934*
Last saw her alive on *Feb 20, 1934*. Death is said to have occurred on the date stated above, at *1* m.

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

Carcinoma of Urinary Bladder Date of onset *June 1932*

Other contributory causes of importance *53B*

Name of operation *none* Date of
What test confirmed diagnosis? *cytologic exam* 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. E. Glenn*, M. D.
(Address) *958 Arcade Bldg.*

