

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.

APR 25 1934

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

Do not use this space.

10654

1. PLACE OF DEATH

County Registration District No. **F 791**
Township Primary Registration District No. **1003**
City **St. Louis Mo.** (No. **4728 Siegel Ave.**)

File No.
Registered No. **2475**
St. Ward)

2. FULL NAME **Audrey Schmitt**

(a) Residence, No. **4728 Siegel Ave.**, St. **7** Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred **1 yrs. 5 mos. 17 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) **Sept. 22 1933**
7. AGE YEARS MONTHS DAYS
1 5 17 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Child**
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.**

MOTHER FATHER
13. NAME **Louis Schmitt**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Alton Ills.**

MOTHER FATHER
15. MAIDEN NAME **Eva Blank**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Mo**

17. INFORMANT **Louis Schmitt**
(ADDRESS) **4728 Siegel Ave**

18. BURIAL, CREMATION, OR REMOVAL
New St. Marcus Cemetery Mar. 12 1934

19. UNDERTAKER **Henry L. Weidmueller**
(ADDRESS) **6203 Gravois Ave.**

20. FILED **MAR 12 1934** 19 **J. Friedeck**
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 11 1934**

22. I HEREBY CERTIFY, That I attended deceased from **Feb. 26 1934** to **Mar. 11 1934**

I last saw **her** alive on **Mar. 11 1934** Death is said to have occurred on the date stated above, at **4.4** m.

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

Broncho. pneumonia Date of onset **2/8/34**
Whooping Cough **2/20/34**

Name of operation Date of
What test confirmed diagnosis **Stup. C.** 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 **No**

24. Was disease or injury in any way related to occupation of deceased? **No**
If so, specify **W. Wagentach** M. D.
(Signed) **W. Wagentach**
(Address) **4728 Gravois Ave.**

