MAY 25 1934

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

Do not use this space.

File No. 14306
Registered No. 3477

1. PLACE OF DEATH

County ..... Registration District No. 791
Township ..... Primary Registration District No. 1003
City St. Louis Mo. (No. City, Sanitarium St. ..... Ward)

2. FULL NAME Pauline Schmitz

(a) Residence, No. 218 West Lindenwood St. 1 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 55 yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
About 55			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Milliner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
10. Date deceased last worked at this occupation (month and year) unknown
11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)

17. INFORMANT W. Kolb
(ADDRESS) 5400 Arsenal

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE Apr. 6 1934

19. UNDERTAKER J. H. Gebken L & U Co.
(ADDRESS) 7844 Meramec St.

20. FILED ..... 19 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/3/34, 19

22. I HEREBY CERTIFY, That I attended deceased from 7/25/26, 19 to 4/3/34, 19
I last saw h. alive on 4/3/34, 19 Death is said to have occurred on the date stated above, at 11:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Disease Chronic Cardiac	7/25/26
42 A	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? Yes

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? .....
If so, specify .....
(Signed) W. Kolb, M. D.
(Address) 5700 Arsenal

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.

WRITE PLAINLY, WITH INKLING INKLING IS A PERMANENT RECORD