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.

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

Do not use this space.

SEP 13 1934

791
1003

31098

File No.
Registered No. 8393

1. PLACE OF DEATH

County
Township
City St. Louis, Mo. (No. 3669 Robert Ave. St. Ward)

Registration District No.
Primary Registration District No.

2. FULL NAME MAMIE SCHMIEDEKER

(a) Residence, No. 3669 ROBERT AVE. St. 1 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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 28, 1883

7. AGE: Years 50 Months 7 Days 17 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) St. Louis (STATE OR COUNTRY) Mo.

FATHER

13. NAME FRANK KASTL
14. BIRTHPLACE (CITY OR TOWN) AUSTRIA (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME MARY STUCKEL
16. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

17. INFORMANT GEORGE SCHMIEDEKER. (ADDRESS) 3669 Robert Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Park Lawn Cem. DATE Aug 18, 1934

19. UNDERTAKER A. H. McEnerghin (ADDRESS) 2301 Lafayette Ave.

20. FILED AUG 10 1934 J. J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 15 1934, to Aug 15 1934, I last saw her alive on Aug 15 1934. Death is said to have occurred on the date stated above, at 10:45 A.M. The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Glomerulo Nephritis	Mo
131	
132 B	

Other contributory causes of importance:

Uremic Coma	1 day

Name of operation No Date of
What test confirmed diagnosis? Was there an autopsy?

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) E. J. Kleberg, M. D.
(Address) 1537 Grand Ave