

JAN 24 1935

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

Do not use this space.

44693

1. PLACE OF DEATH

County.....
Township.....
City St. Louis (No. 2606 - DE Kahl St.)

Registration District No. 791
Primary Registration District No. 1003

File No.
Registered No. 11809
St. Ward)

2. FULL NAME

(a) Residence, No. 2606 DE Kahl St. 23 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 <u>Female</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word) <u>Widow</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Charles Schmidt</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown</u> | | |
| 7. AGE | YEARS <u>75</u> | MONTHS <u>-</u> |
| | DAYS <u>-</u> | IF LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u> | |
| | 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) <u>New Orleans, La</u> | | |
| FATHER | 13. NAME <u>Unknown</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New Orleans, La</u> | |
| MOTHER | 15. MAIDEN NAME <u>Unknown</u> | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New Orleans, La</u> | |
| 17. INFORMANT (ADDRESS) <u>Emil Walther 2606 - DE Kahl St.</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New Orleans, La</u> DATE <u>Dec 15 34</u> | | |
| 19. UNDERTAKER (ADDRESS) <u>Wacker - Holders 21 - J. 2 231 10.</u> | | |
| 20. FILED <u>11 1934</u> 19..... <u>J. F. Bredeck</u> Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 4th 1934 to Dec 12, 1934
I last saw her alive on Dec 11th 1934 Death is said to have occurred on the date stated above, at 8:40 m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of Stomach 1931
Other contributory causes of importance:
None

Name of operation None Date of.....
What test confirmed diagnosis? Biop. 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) William Baron M. D.
(Address) 212 Sidney

WHITE 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.

