

APR 9 1935

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

Do not use this space.

7601

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No. 791
Primary Registration District No. 1003
(No. 2225 College Ave.)

File No.....
Registered No. 2110 Ward

2. FULL NAME Lizzie Schmidt

(a) Residence, No. 2225 College Ave. St. 9 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 4th, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 0 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home
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) Missouri

FATHER 13. NAME Henry Kamps

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Carrie Thiesmeyer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs. Minnie Thiesmeyer
2225 College Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter's Cem. DATE Mar. 4th, 1935

19. UNDERTAKER (ADDRESS) Drehmann & Warral
1905 Union Blvd.

20. FILED MAR - 2 1935
J. Beber Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 28th, 1935

22. I HEREBY CERTIFY That I attended deceased from Aug 10, 1934 to Feb 28, 1935

I last saw him alive on Feb 28, 1935 Death is said to have occurred on the date stated above, at 10:45 P.M.

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

Cerebral hemorrhage
Chronic parenchymatous nephritis
Arterio Sclerosis

Other contributory causes of importance:
Hypertension

Name of operation Physic Date of No

What test confirmed diagnosis? 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? If so, specify

(Signed) R. M. Brown, M. D.
(Address) 4356 Harne

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.

Stoane & Bloomer

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