

JUN 12 1935

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **Menard St. and Meyer Ave**) Registered No. **17837**
St. Ward) **4151**

2. FULL NAME

(a) Residence, No. **St. Louis Menard Meyer St.** **23** Ward. (If nonresident, give city or town and State)
(Usual place of abode) **1917^{1/2} MENARD**
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) **Widow**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Leonard Anguish**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan 15 - 1879**
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
56 3 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **at 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) **St. Louis Mo**

13. NAME **John Schmidt**

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

15. MAIDEN NAME **Ungerwong**

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

17. INFORMANT **George Parschick**
(ADDRESS) **1422 1/2 St. Louis**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Old St. Peter's Church** DATE **May 8 35**

19. UNDERTAKER **Wachsgr-Belldere**
(ADDRESS) **2331 1/2 Broadway**

20. FILED **MAY -8 1935** 19 **J. Bredeck**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 6 1935**
22. I HEREBY CERTIFY, That I attended deceased from **5/4 35**, 19 **5/6 35**, 19
I last saw him alive on **5/6 35** Death is said to have occurred on the date stated above, at **11:45** a.m.
The principal cause of death and related causes of importance were as follows:

Acute dilatation of Heart
Date of onset **12 hr.**
96
Other contributory causes of importance:
Endocarditis Chronic
Nephritis Chronic
Arteriosclerosis Atherosclerosis **14 year**

Name of operation _____ Date of _____
What test confirmed diagnosis? **None** 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?
If so, specify _____ (Signed) _____, M. D.
(Address) **3719 Gravois ave.**

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.

