

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

Do not use this space.

NOV 27 1935

33813

1. PLACE OF DEATH

County St Louis
Township St Ferdinand
City

Registration District No. 784
Primary Registration District No. 6030
(No. Bellefontaine & Spanish Pond Rd Ward)

File No.
Registered No. 160

2. FULL NAME

Mary Schollmeyer

(a) Residence, No. Bellefontaine & Spanish Pond Rd Ward.
(Usual place of abode)

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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 19, 1862

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
73 1 28

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 County Mo

13. NAME Fred Stuenkel

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

15. MAIDEN NAME unknown

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

17. INFORMANT William Schollmeyer
(ADDRESS) Bellefontaine & Spanish Pond Rd

18. BURIAL, CREMATION, OR REMOVAL PLACE Black Jack Cem DATE Oct. 21, 1935

19. UNDERTAKER A. Kroy & H. Co
(ADDRESS) 2707 W. Grand Blvd

20. FILED Oct 18th, 1935 W.A. Zeithel
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from October 27, 1934, to October 17, 1935

I last saw her alive on October 16, 1935 Death is said to have occurred on the date stated above, at 8:43 a.m.

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

Cardio Vascular
Renal disease chronic

Other contributory causes of importance:
Cardiac failure, Decompensation, and Exhaustion

Name of operation none Date of
What test confirmed diagnosis? clinical 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) L.A. Miesch, M. D.
(Address) Black Jack, Mo

WRITE 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.

