

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.

DEC 12 1935

37347

1. PLACE OF DEATH
 County St. Louis Registration District No. 791
 Township St. Louis Primary Registration District No. 1003
 City St. Louis (No. 3012 No Taylor) St. 10 Ward 10 (If nonresident, give city or town and State)
 2. FULL NAME Wilhemina (Mumie) Kleinschmidt
 (a) Residence, No. 2012 N. Taylor St. 10 Ward 10
 Length of residence in city or town where death occurred 78 yrs. 8 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. _____
 Registered No. 9304
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mr. Kleinschmidt</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>FEB 20 1857</u>		
7. AGE	YEARS <u>78</u>	MONTHS <u>8</u>
	DAYS <u>20</u>	IF LESS than 1 day, hrs. or min. <u>13</u>
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housewife</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>St. Louis, Mo.</u>		
MOTHER	13. NAME <u>Gotlibk Bette</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	15. MAIDEN NAME <u>Not known</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT (ADDRESS) <u>Mr. Kleinschmidt 4612 Ashland</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Johns</u> DATE <u>Nov. 6</u> 19 <u>35</u>		
19. UNDERTAKER (ADDRESS) <u>Mr. Paschedas 2825 No Grand</u>		
20. FILED <u>5</u> 19 <u>35</u>	Registrar. <u>J. Bredeck</u>	

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 3 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1935 to Nov 3 1935
 I last saw her alive on Nov 3 1935. Death is said to have occurred on the date stated above, at 9:40 P.M.
 The principal cause of death and related causes of importance were as follows:
Apoplexy Date of onset 131
 Other contributory causes of importance:
Cardio Vascular Renal Disease
 Name of operation none Date of _____
 What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury _____, 19____
 Where did injury occur? no (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury no
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) Raymond H. Cooper, M. D.
 (Address) St. Charles, Mo.

