

DEC 12 1935

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

Do not use this space.

37664

## 1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1008

City, *St. Louis Mo*(No. *500 So*)Ward, *18*

File No. 9637

Registered No.

2. FULL NAME *Patricia Schmidt*(a) Residence, No. *3719*

(Usual place of abode)

*So. Kings Highway St. Louis, Mo.*Ward. *18*

(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 *Wh*5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *6 child*5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *child*6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *7/27/35*

7. AGE

YEARS

MONTHS *3*DAYS *7 20*

If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. */*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.*

FATHER

13. NAME *Henry Schmidt*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis, Mo.*

MOTHER

15. MAIDEN NAME *Virginia Keane*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis, Mo.*17. INFORMANT (ADDRESS) *W. Marshall*18. BURIAL, CREMATION, OR REMOVAL PLACE *Cahary Ave* DATE *11-20-35*19. UNDERTAKER (ADDRESS) *Wiegand's Mortuaries*20. FILED *NOV 18 1935*

19

19

Registrar. *J. Bredeck*

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *11-17-1935*22. I HEREBY CERTIFY, That I attended deceased from *Oct. 25, 1935*, to *Nov 17, 1935*I last saw h. *alive* on *Nov 17, 1935* Death is saidto have occurred on the date stated above, at *11:40 a.m.*

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

*Acute diarrhea* Date of onset *10-18-35*  
*Stasis media-lateral* " "  
*Dehydration* " "  
*Acidosis* " "

Other contributory causes of importance: *1198*Name of operation *no*Date of *no*What test confirmed diagnosis? *no*Was there an autopsy? *yes*

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? *no* Date of injury, *no*, 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. J. Plattner* M. D.(Address) *600 So. Kings Highway Blvd.*

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.

