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

Do not use this space.

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File No. 3827

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis (No. 3332a Texas St. Ward)

Registration District No.

Primary Registration District No.

2. FULL NAME Mary E. Schmans

(a) Residence, No. 3332a Texas St., 24 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): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: August Schmans

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 26 1855

7. AGE: YEARS 80 | MONTHS 4 | DAYS 9 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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): Mehlville Mo.

FATHER

13. NAME: Rudolph Niemeier

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

MOTHER

15. MAIDEN NAME: Catherine von Valge

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

17. INFORMANT (ADDRESS): August Schmans 3332a Texas

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Mathews DATE 4-8 1936

19. UNDERTAKER (ADDRESS): Witt Bros. L & Ulo 2424 S. Jefferson Av.

20. FILED APR 8 1936 19 J. A. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from Febr. 21, 1935, to April 5, 1936

I last saw her alive on April 5, 1936. Death is said to have occurred on the date stated above, at 7 30 p.m.

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

	Date of onset
~~Arterio Sc~~ Myocarditis Chronic	Feb. 1935
Other contributory causes of importance: Arterio sclerosis with Hypertension	Since 1930

Name of operation: none Date of —

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: No

(Signed) H. P. Grant, M. D.

(Address) 2905 Cherokee St.

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.