

MAY 1 1936

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

Do not use this space.

791

17121

## 1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City *St Louis Mo.* No. *3204 Henrietta St.*

File No.....

Registered No. *3876*

St. .... Ward)

2. FULL NAME *Louise Schottmueller*(a) Residence, No. *3204 Henrietta St.* *17* Ward.

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. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>female</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>widow</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Lucas Schottmueller</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Nov 21 - 1851</i>				
7. AGE	YEARS <i>84</i>	MONTHS <i>4</i>	DAYS <i>18</i>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>none</i>			
	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	

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St Louis Mo.</i>
	13. NAME <i>Henry Theo. Goebels</i>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Missouri</i>
	15. MAIDEN NAME <i>Louise Turk,</i>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Missouri</i>
17. INFORMANT <i>Mrs T. Kottus</i> (ADDRESS) <i>3204 Henrietta St</i>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Bellefontaine Cem.</i> DATE <i>April 11, 1936</i>	
19. UNDERTAKER <i>E. J. Schmitt</i> (ADDRESS) <i>3125 1/2 Lafayette Ave</i>	
20. <i>APR 9 1936</i> <i>J P Bredeck</i> Registrar.	

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *4/8*, 19*36*

22. I HEREBY CERTIFY, That I attended deceased from *11/17* —, 19*35*, to *4/8*, 19*36*

I last saw her alive on *4/7* —, 19*36* Death is said to have occurred on the date stated above, at *7:30 a.m.*

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

*Coronary Thrombosis 11/17/35*

Date of onset

Other contributory causes of importance: *None*

Unknown

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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? *No*  
If so, specify *Dr Joseph Schaper*  
(Signed) *1901 University Blvd*, M. D.  
(Address) *1309 -*

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.

