

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

Do not use this space.

JUL 14 1936

24570

1. PLACE OF DEATH

County.....
Township.....
City..... *St. Louis* (No. *3825²*)

Registration District No. **791**
Primary Registration District No. **1003**

File No.
Registered No. **6190**
St. Ward

2. FULL NAME

(a) Residence, No. *3825² Wyoming St.* 16 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. (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>Jake Schmid</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Apr 24 - 1857</i>		
7. AGE	YEARS	MONTHS
	<i>79</i>	<i>1</i>
		DAYS
		<i>21</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>at home</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
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Louis Mo</i>		
FATHER	13. NAME <i>Samuel Gaebel</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Alsace Lorraine</i>	
MOTHER	15. MAIDEN NAME <i>Rosa Kimmi</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>	
17. INFORMANT (ADDRESS) <i>Alfred Schmid 3825² Wyoming St.</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>St. Peters</i> DATE <i>June 18, 1936</i>		
19. UNDERTAKER (ADDRESS) <i>Wacker-Helderle 17336 Broadway</i>		
20. FILED JUN 17 1936 <i>J. H. Bredecky</i> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 15, 1936*

22. I HEREBY CERTIFY that I attended deceased from *June 10th, 1936*, to *June 15, 1936*. I last saw her alive on *June 15th, 1936*. Death is said to have occurred on the date stated above, at *8:30 P.M.*. The principal cause of death and related causes of importance were as follows:
Chronic myocarditis
Under care for 8 or 9 yrs. at intervals
93C
arterio sclerosis

Date of onset

Other contributory causes of importance:

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? If so, specify (Signed) *Theo. H. Conzelmann, M. D.* (Address) *5043 Vernon*

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.

