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.

OCT 5 1936

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

Do not use this space.
35876

791
1003

File No. 9499
Registered No.

1. PLACE OF DEATH

County
Township
City St. Louis
Registration District No.
Primary Registration District No.
(No. St. Anthony Hospital St. Ward)

2. FULL NAME Mary Schmidt

(a) Residence, No. I25 Nellie Ave. St., N.R. Ward. Lemay, Missouri
(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*): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 2I, I869

7. AGE: Years 77 | Months 6 | Days 23 | 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): Uniontown, Missouri

FATHER
13. NAME: Bernard Werner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT: Wm. Schmidt
(ADDRESS) I25 Nellie ave. Lemay, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Olive Cem DATE Sept. I7, 19 36

19. UNDERTAKER: C. Hoffmeister U.&L.Co.
(ADDRESS) 78I4 S. Broadway

20. FILED SEP 16 1936 J. H. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. I4, 19 36

22. I HEREBY CERTIFY, That I attended deceased from Sept 8, 36, to Sept. 14, 1936
I last saw him alive on Sept 14, 1936. Death is said to have occurred on the date stated above, at II.45 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis -	
Chronic nephritis -	
59	

Other contributory causes of importance:
Diabetes Mellitus -

Name of operation 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
(Signed) Charles E. Ellers, M. D.
(Address) 7201 S. Broadway

7201 S 40 Bdway