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

Do not use this space.

791

339464

File No.

Registered No. 10503

1. PLACE OF DEATH

County St. Louis Registration District No. 2008

Township ~~St. Louis Township~~ Primary Registration District No.

City St. Louis, Missouri (No. St. Johns Hospital St. Louis)

2. FULL NAME Sister Mary Alexia Schmitz Felicia Geary

(a) Residence, No. Villa Gesu - Riverview Drive Ward. R.R. St. Louis Co.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 14 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)~~ Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 21, 1877

7. AGE 59 YEARS 2 MONTHS 27 DAYS If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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 43 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

FATHER

13. NAME Joseph Schmitz

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

MOTHER

15. MAIDEN NAME Bernardine Neuckenworth

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

17. INFORMANT Sister Mary Ludwiga
(ADDRESS) Villa Gesu R.R. 3, Box 503

18. BURIAL, CREMATION, OR REMOVAL
PLACE Villa Gesu DATE October 20, 1936

19. UNDERTAKER Fendler Bud Co
(ADDRESS) 7420 Michigan Av

20. FILED OCT 19 1936 J. B. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 11, 1936 to Oct. 19, 19..., I last saw her alive on Oct. 15, 1936. Death is said to have occurred on the date stated above, at 6 P.M.

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

	Date of onset
Dysentery Probably Shigella Ver Flexner	13 d

Other contributory causes of importance:

Diabetes

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) Chas Hugh Nelson M.D.

(Address) Humboldt Bldg

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.