

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.

MAR 5-1937

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

Do not use this space.

1. PLACE OF DEATH  
 County..... Registration District No. **791**  
 Township..... **30** Primary Registration District No. **1003**  
 City..... **St. Louis 9** (No. **St. John's Hospital 1**) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. **8697**  
 Registered No. **2158**

2. FULL NAME **Katherine Schmitt**  
 (a) Residence, No. **4544 Cleveland Ave** St. **17** Ward. **1**  
 (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 <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Widow</b>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Bernard Schmitt</b>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>June 12 1853</b>				
7. AGE	YEARS <b>83</b>	MONTHS <b>8</b>	DAYS <b>9</b>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>At Home</b>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <b>730</b>			
	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) <b>Germany 10</b>				
FATHER	13. NAME <b>Christ Goebel 10</b>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Germany 31</b>			
MOTHER	15. MAIDEN NAME <b>Unknown</b>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Unknown</b>			
17. INFORMANT <b>Edward Schmitt</b> (ADDRESS) <b>4544 Cleveland Ave</b>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Calvary</b> DATE <b>February 23, 1937</b>				
19. UNDERTAKER <b>Petz brothers</b> (ADDRESS) <b>3029 Lafayette Ave</b>				
20. FILED <b>EB 22 1937</b> <i>J. Bredeck</i> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **February 21 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Feb 19**, 19**37**, to **Feb 21**, 19**37**, 19.....  
 I last saw him alive on **Feb 21**, 19**37**. Death is said to have occurred on the date stated above, at **12:15 A.M.**  
 The principal cause of death and related causes of importance were as follows:  
 Date of onset \_\_\_\_\_  
**Bronchial Pneumonia**  
**Chronic myocarditis**  
 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 **E. H. Bowden M.D.** M. D.  
 (Signed) (Address) **635 Missouri United Bldg**

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Dr Ed Bowdler

St John Shop

Room 457