

MAY 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County Cole
Township Osage
City St. Thomas (No. _____, _____, _____ St. _____ Ward)

Registration District No. 1158
Primary Registration District No. 5296 A

16141
File No. 23
Registered No. 2

2. FULL NAME Anna Schmidt

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode) St. Thomas

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 32 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) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 11th 1875

7. AGE YEARS 62 MONTHS 9 DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Vienna
(STATE OR COUNTRY) Mo

13. NAME John Richter

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

15. MAIDEN NAME Agnes Hoosdaniel

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

17. INFORMANT Veronica Schmidt
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Thomas Cemetery DATE April 21 1937

19. UNDERTAKER Louis Busch
(ADDRESS) St. Thomas

20. FILED Apr 25th 1937
By Frank A. Kuehn
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 18 1937

22. I HEREBY CERTIFY, that I attended deceased from March 28 1937, to April 18 1937

I last saw her alive on April 17 1937. Death is said to have occurred on the date stated above, at _____ m.

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

Angina Pectoris Date of onset _____

Chronic Asphyxia

arterio Sclerosis

Other contributory causes of importance: 13

Angina Pectoris

Sensibility

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) S. E. Gaston, M. D.

(Address) 1121

