

SEP 25 1937

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis Co.
Township St. Ferdinand
City St. Louis

Registration District No. 784
Primary Registration District No. 6030
No. R.F.D. 4 Baden Station

File No. 31691
Registered No. 148

2. FULL NAME

Mary Schimweg

(a) Residence, No. R.F.D. 4 Baden Sta. St. Ward.

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 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 Hanny F. Schimweg

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 31 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 2 2

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) St. Louis Mo.

13. NAME Conrad Oxman

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

15. MAIDEN NAME Anna Vosse

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

17. INFORMANT Henry Schimweg (ADDRESS) R.F.D. 4 Baden Sta.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 8/5/37 19

19. UNDERTAKER W.A. Stock Und. Co. (ADDRESS) 2117 E. Grand

20. FILED 8-4 1937 W.A. Zeitler Registrar

P. B. Smith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 2 1937, 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-5 1937 to 8-2 1937. I last saw her alive on 8-2 1937. Death is said to have occurred on the date stated above, at 9:50 a.m.

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

Acute Myocarditis Date of onset 1 mo.

Other contributory causes of importance:

Chronic Myocarditis 5 yrs
Influenza 6 mo

Name of operation none Date of
What test confirmed diagnosis? physical 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? No
If so, specify

(Signed) Dr. H. H. Kunkel M. D.
(Address) 340 Barnhill Ave

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.

340 Bermuda

8.10. A.M. 6-8 P.M.

Thursday 22