

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 14 1937

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

Do not use this space.

32478

1. PLACE OF DEATH

County.....
Township.....
City St. Louis (No. 1020 Loughborough.) St. Ward)

Registration District No. 791
1003

Primary Registration District No.

File No.

Registered No. 8532

2. FULL NAME

Emma G. Schmoll.
(a) Residence, No. 1020 Loughborough St. 1 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. 1 mos. 8 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 2 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 1 8

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home.

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 Joseph Smith.

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

15. MAIDEN NAME Do Not Know

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

17. INFORMANT Martin Schmoll
(ADDRESS) 1020 Loughborough

18. BURIAL, CREMATION, OR REMOVAL PLACE New St Marcus DATE Sept 13 1937

19. UNDERTAKER Provost Und Co.
(ADDRESS) 37 to H Grand Biv.

20. FILED SEP 10 1937 J. Siedeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 10 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 8 1937, to Sept 10 1937
I last saw h. e. r. alive on Sept 9 1937. Death is said

to have occurred on the date stated above, at 9 A. m.
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage Date of onset 9/1/37

Other contributory causes of importance:

Chronic myocarditis 10 years
Arteriosclerosis, hypertens.

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? No.

If so, specify.....

(Signed) Burchard Priest, M. D.(Address) 6006 Virginia Ave.

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