

NOV 23 1937

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

38877
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 1170
(b) Township Jefferson Primary Registration District No. 6248-H Registered No. _____
(c) City BRANDWOOD MO. (d) Street No. ST. MARYS HOSPITAL 228 St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

ROSE SCHMALLE
(a) Residence, No. 8609 FLORENCE AV. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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) OCT. 31, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 11 30

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

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

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. GENEVIEVE MISSOURI

13. NAME John W. Schmalke

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

15. MAIDEN NAME MARY ZIEGLER

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

17. INFORMANT (ADDRESS) MRS. MARIE PENISTON 8609 FLORENCE AV.

18. BURIAL, CREMATION, OR REMOVAL PLACE ST. GENEVIEVE MO. DATE NOV. 11, 1937

19. FUNERAL DIRECTOR (ADDRESS) E. J. Schmur 3125 Lafayette Av.

20. FILED Oct. 31, 1937 San W. Bassett MO Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at 12 p. m.

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

accidental fall down stairs in her own home. Date of onset 10/25/37

Other contributory causes of importance:

fractured skull 1860 Date of onset 10/25/37

Name of operation none Date of _____
What test confirmed diagnosis Physical Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 10/25/1937

Where did injury occur? Brandwood MO.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In home

Manner of injury fall down stairs

Nature of injury fractured skull

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) John D. Conzelle M.D.
(Address) Coroner, St. Louis, Mo.

STATEMENT BY LICENSED EMBALMER

I, James Gullman, Licensed Embalmer No. 2260
hereby certify that the body recorded on the reverse side of this certificate was embalmed by James Gullman
L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed James Gullman
Licensed Embalmer No. 2260

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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1. PLACE OF DEATH

(a) County St. Louis Registration District No. 1170
(b) Township Richmond Hl Primary Registration District No. 6248 H Registered No.
(c) City Richmond Hl (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Rose Schmalle

(a) Residence, No. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 30 1937

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

22. I HEREBY CERTIFY, That I attended deceased from

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 31 - 1859

to, to, 19, 19

7. AGE. YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 71 11 30

I last saw h. alive on, 19. Death is said to have occurred on the day stated above, at, m.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

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

FATHER 13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED No. 1937 Oct 31 Sam A. Besutt Local Registrar

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

