

JAN 10 1938

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

43456
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis,** (d) Street No. **St. Anthony Hospital** Registered No. **11706**
 (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.
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME **Catherine Schmits**

(a) Residence, No. **2665 Iowa Ave.** St. **2J**
 (Usual place of abode, if no street address, write county or city) (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 Henry E. Schmits		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 14, 1869		
7. AGE	YEARS 68	MONTHS 2
	DAYS 6	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home	
	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 26
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo. 1		
FATHER	13. NAME Hubert Mueller	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo. 1	
MOTHER	15. MAIDEN NAME Dont Know.	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know. 21	
17. INFORMANT (ADDRESS) Lawrence S. Hurst 2665 Iowa Ave.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec 20** 19**37**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 35** to **Dec 20**, 19**37**
 I last saw her alive on **Dec 19**, 19**37**. Death is said to have occurred on the date stated above, at **2:15 a** m.
 The principal cause of death and related causes of importance were as follows:
Chronic myocarditis unknown coronary thrombosis Date of onset **12-15-37**
Arteriosclerosis unknown
Hypertension unknown

Other contributory causes of importance:
no

Name of operation **no** Date of **no**
 What test confirmed diagnosis? **course** 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. **water under** M. D. **1**
 (Signed) **J. H. Bredeck**
 (Address) **3218 S Grand St. Louis Mo.**

18. BURIAL, CREMATION, OR REMOVAL
 SS. **Peter & Paul Cem.** DATE **Dec. 23, 1937.**

19. FUNERAL DIRECTOR (ADDRESS) **J. H. Bredeck 2630 Graves Ave.**

20. FILED **DEC 20 1937**
J. H. Bredeck
 Local Registrar.

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

1 X 12804

STATEMENT BY LICENSED EMBALMER

I, Herman A. Gebken, Licensed Embalmer No. 2120

hereby certify that the body recorded on the reverse side of this certificate was embalmed by: ME

L. E.

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

Signed

Herman A. Gebken

Licensed Embalmer No. 2120

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.)