

JAN 24 1938

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

Do not use this space.

1. PLACE OF DEATH

County St. Genevieve
Township Beaumont
City (No. _____) _____

Registration District No. 781
Primary Registration District No. 6027

File No. 46601

Registered No. _____
St. _____ Ward _____

2. FULL NAME Pauline Schmiederer

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 22 1918</u>		
7. AGE YEARS <u>19</u>	MONTHS <u>5</u>	DAYS <u>15</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>		11. Total time (years) spent in this occupation
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)
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Quincy Ave Vasa, Missouri</u>		
13. NAME <u>Anton Schmiederer</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Quincy Ave Vasa, Missouri</u>		
15. MAIDEN NAME <u>Cecelia Jakobet</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Quincy Ave Vasa, Missouri</u>		
17. INFORMANT (ADDRESS) <u>Anton Schmiederer, Quincy Ave Vasa Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Quincy Ave Vasa</u> DATE <u>12/9 37</u>		
19. UNDERTAKER (ADDRESS) <u>St. Genevieve Mo</u>		
20. FILED <u>12/9 127</u> <u>Notary Thomas</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 7 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 2 1937, to Dec 7 1937.
I last saw him alive on Dec 7 1937. Death is said to have occurred on the date stated above, at 3 P. m.
The principal cause of death and related causes of importance were as follows:
Hydrocephalus - SINCE BIRTH
Date of onset 1570

Other contributory causes of importance:
ALBINO - SINCE 13:176

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? N.O.

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? N.O.
If so, specify _____
(Signed) Arthur E. Sawyer, M. D.
(Address) St. Genevieve Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGEE should be stated EXACTLY. PHYSICIANS should state

