

JAN 24 1937

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

46639  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 785  
(b) Township Bonhomme Primary Registration District No. 6031 Registered No. 180  
(c) City Sylvian Beach (d) Street No. # 12 Rudder Lane 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 3 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Margaret Lindsay

(a) Residence, No. # 12 Rudder Lane Sylvian Beach 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) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 16th. 1852  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
85 11 13

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

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

FATHER 13. NAME Jacob Schmidt

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

MOTHER 15. MAIDEN NAME Louise Bramser

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

17. INFORMANT (ADDRESS) Henry T Lindsay

18. BURIAL, CREMATION, OR REMOVAL PLaupun Wisc DATE 12/30/37

19. FUNERAL DIRECTOR (ADDRESS) Harrigan & Sheahan Und C  
4415 Washington Blvd.

20. FILED 12-30-37 Agnes Kelly  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/29/37 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1936, to Dec 29, 1937.  
I last saw her alive on Dec 29, 1937 Death is said to have occurred on the date stated above, at 4:30 PM  
The principal cause of death and related causes of importance were as follows:

Myocarditic Chronic heart failure  
Nephritis Chronic heart failure

Other contributory causes of importance: Nephritis Chronic heart failure  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? clinical 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 John C. Corneil, M. D.  
(Signed) John C. Corneil  
(Address) 5005 a grove

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

*Do not write  
on this side  
of card*

STATEMENT BY LICENSED EMBALMER

I, Albert G. Hoppe, Licensed Embalmer No. 2971

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

*Albert G. Hoppe*

Licensed Embalmer No. 2971

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.)