

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

37361

Do not use this space.

Registered No. 9688

DEC'D DEC 12 1938

1. PLACE OF DEATH

(a) County.....<sup>2</sup> Registration District No.....<sup>791</sup>  
 (b) Township.....<sup>1</sup> Primary Registration District No.....<sup>1003</sup>  
 or St. Louis (d) Street No. 4042 N. 9th St. St.  
 (c) City..... (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 Cecilia Schmitt

(a) Residence, No. 4042 N. 9th St. St. 26 (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) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 10, 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
 61 6 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 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) Hungaria 7

FATHER 13. NAME Joseph Dauch

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hungaria 7

MOTHER 15. MAIDEN NAME not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hungaria 7

17. INFORMANT (ADDRESS) Beatrice Schmitt 4042 N. 9th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE Nov. 11 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Edward Koch 3516 4 14 St.

20. FILED NOV 9 1938 J. J. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 8 1938

22. I HEREBY CERTIFY That I attended deceased from Oct 24 1938 to Nov. 8 1938

I last saw him alive on Nov. 6 1938. Death is said to have occurred on the date stated above, at 7:48 p.m.

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

Chronic myocarditis with acute dilatation of heart.

Date of onset Nov 10 1938

Other contributory causes of importance: Mitral stenosis

Name of operation None 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 \_\_\_\_\_  
 (Signed) J. J. Bredeck M. D.  
 (Address) 334 N. Grand Blvd

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.

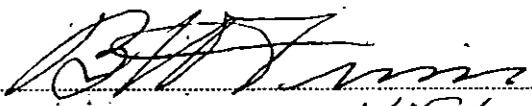
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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....   
Licensed Embalmer No. 1391  
P. O. Address. 4106 Bolander

**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.)**

**If this body is not embalmed, above space should be left blank.**