

DEC 12 1938

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

37999  
Do not use this space.

1. PLACE OF DEATH  
(a) County 3 Registration District No. 791  
(b) Township 1 Primary Registration District No. 1003 Registered No. 10326  
(c) City St. Louis (d) Street No. 2522 1/2 S. Broadway 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. How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Susanna Schmitz  
(a) Residence, No. 2019 Menard St. 23 (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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 1 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
60 3 27

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. housewife

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) Hungary

13. NAME Jacob Hie

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

15. MAIDEN NAME Susanna Schmitt

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

17. INFORMANT (ADDRESS) Frank Schmitz  
2019 Menard St.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marcus DATE 11-30-38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) With Bro. & Neph.  
2929 S. Jefferson Av.

20. FILED NOV 29 1938 J. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1936 to Nov. 28, 1938  
I last saw her alive on Nov. 27, 1938 Death is said to have occurred on the date stated above, at 6 A. m.  
The principal cause of death and related causes of importance were as follows:  
Chronic Myocarditis Date of onset 1934

Other contributory causes of importance:  
Cardiac asthma 1937

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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) Frank Cleary, M. D.  
(Address) 1935 Park

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.

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, .....

*Paul A. Shanklin* ....., or by .....

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

Signed

*Paul A. Shanklin*

Licensed Embalmer No. *3472*

P. O. Address *2929 S. Jeffers*

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.