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

Do not use this space.

7728

1. PLACE OF DEATH

County St. Charles — Registration District No. 757 — File No.

Township " — Primary Registration District No. 3036 — Registered No. 37

City " " (No. 1128 N. 2nd st. St. 4th Ward)

2. FULL NAME Elizabeth Schmidt

(a) Residence. No. 1128 N. 2nd St., 4th Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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: Hy. Schmidt

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 5-24-1851

7. AGE: YEARS 77 — MONTHS 9 — DAYS 2 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: housework
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer: —

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Charles County Mo.

PARENTS

10. NAME OF FATHER: Mr. Roth
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: dont Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Louis Schmidt
(Address) St. Charles Mo

15. FILED 2/28, 1929 Hy. G. Bloebaum REGISTRAR E.a

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 2-26-1929.

17. I HEREBY CERTIFY, That I attended deceased from Feb. 1st, 1929, to Feb. 26th, 1929 that I last saw her alive on Feb. 20th, 1929, and that death occurred, on the date stated above, at 12.10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Apoplexy.

82 P
97 (duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY): Arterio Sclerosis (duration) 5 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH: [illegible]

DID AN OPERATION PRECEDE DEATH? no DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Symptoms

(Signed) B. P. Wentley, M. D.

2-28, 1929 (Address) St. Charles Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: St. Johns Cemetery — DATE OF BURIAL: 2/28-1929.

20. UNDERTAKER: Steinbrinker Furniture Co. — ADDRESS: St. Charles, Mo.

WHITE 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.

MAR 5 1929