

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

Do not use this space.

15729

1. PLACE OF DEATH

County.....

Registration District No. **791**
1003

Township.....

Primary Registration District No.

City **St Louis** (No. **2209** **Hebert St**)

File No.

Registered No. **4176**

St. Ward

2. FULL NAME **Elizabeth Schmidt**

(a) Residence. No. **2209 Hebert** St. **20** Ward.

(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 **female** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (specify the word) **Widow**

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **unknown**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **April 20th 1856**

7. AGE **74** YEARS MONTHS **11** DAYS **15** If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN) **Ohio** (STATE OR COUNTRY)

10. NAME OF FATHER **John Bohan**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **unknown** (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Julia Bach**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **unknown** (STATE OR COUNTRY)

14. INFORMANT **Sister Jeanne** (Address) **2209 Hebert St**

15. FILED **6 1931** **May O Starnely** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **April 5th 1931**

17. I HEREBY CERTIFY, That I attended deceased from **March 16, 1931**, to **April 6, 1931** that I last saw her alive on **April 30, 1931**, and that death occurred, on the date stated above, at **10 A.M.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

930 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) **Arteriosclerosis**

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? **no** DATE OF.....

WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS? **Clinical Examination**

(Signed) **Anthony A. Piekowski, M.D.**

4/6, 1931 (Address) **1525 a Cass Ave.**

*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 **Calvary Cemetery** DATE OF BURIAL **4/7 1931**

20. UNDERTAKER **Arthur J. Connolly** ADDRESS **2039 Wood St**

WRITE 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.

