

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

Do not use this space.

30366

File No.
Registered No. **8000**
St. Ward

1. PLACE OF DEATH

County Registration District No. **St. Louis**
Township Primary Registration District No. **St. Louis**
City **Mo. Baptist Hospital** (No. **919 7th Taylor St. Louis, Mo.**)

2. FULL NAME

Rose Mary Schmidt (If nonresident, give city or town and State)

(a) Residence, No. **1843 So 11th St.**

(Usual place of abode)

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 **Girl** 4. COLOR OR RACE **Cauc** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Infant**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **September 1 - 1932**

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, 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) **Mo Baptist Hospital** (STATE OR COUNTRY) **919 7th Taylor - St. Louis, Mo**

13. NAME **Johanna Fredricka Schmidt**
14. BIRTHPLACE (CITY OR TOWN) **Millstadt, Illinois** (STATE OR COUNTRY)

15. MAIDEN NAME **Mrs Marie Stast**
16. BIRTHPLACE (CITY OR TOWN) **East Carondelet, Illinois** (STATE OR COUNTRY)

17. INFORMANT **Mrs. Verg Marie Schmidt** (ADDRESS) **1843 So 11th St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Columbia Ill** DATE **Sept 3 1932**

19. UNDERTAKER **Schneider, und** (ADDRESS) **Columbia Ill**

20. FILED **SEP - 2 1932** 19 **Miss [Signature]** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept 1, 1932**

22. I HEREBY CERTIFY, That I attended deceased from **9-1-1932**, to **9-1-1932**

I last saw her alive on **9-1-1932** Death is said

to have occurred on the date stated above, at **2:40 p.m.**

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

Premature (6 mo.) Date of onset

Other contributory causes of importance:

Name of operation **Phy exam** Date of **159**
What test confirmed diagnosis **159** 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) **E. A. Lauseche**, M. D.

(Address) **4885 Natural Bridge**

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.

