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.

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

Do not use this space.

SEP 3 1934

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. 27729

Township ..... Primary Registration District No. ..... Registered No. 8582

City St Louis (No. ....., Sanitarium St. ..... Ward)

2. FULL NAME Wilhemenia Schacht

(a) Residence, No. 3418 Indiana St., 24 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 48 yrs. X 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: Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 16, 1862

7. AGE: YEARS 72 | MONTHS 5 | DAYS 8 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housekeeper
10. Date deceased last worked at this occupation (month and year) Unknown
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany

FATHER

13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

17. INFORMANT (ADDRESS): Herbert P Smith M.D. 5400 Arsenal St

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Louis U DATE 8-1 1934

19. UNDERTAKER (ADDRESS): Walter Richter 3500 Rutger St

20. FILED AUG 24 1934, 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 23rd, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1st, 1930, to July 23rd, 1934
I last saw her alive on July 23, 1934 Death is said to have occurred on the date stated above, at 12 45 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	7/19/34
1862	10
Other contributory causes of importance: Fracture of Right Femur	7/9/34
Senile Dementia	

Name of operation: none Date of .....
What test confirmed diagnosis? Clin & Rem 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: Fall to floor
Nature of injury: Fracture of femur

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify: none
(Signed) Herbert P Smith, M. D.
(Address) 5400 Arsenal St