

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.

'SEP 25 1935

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

Do not use this space.

27523

1. PLACE OF DEATH

County *St. Louis Central*

Registration District No. *789*

Township *Central*

Primary Registration District No. *6633*

City *St. Louis*

(No. *2160*, *Louise*)

File No. _____

Registered No. *214*

St. _____ Ward _____

2. FULL NAME *Anna Margaret Schmidt*

(a) Residence, No. *2160 Louise ave.*

Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

How long in U. S., if of foreign birth? yrs. mos. ds. yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>F. William Schmidt</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>April 20-1870</i>				
7. AGE	YEARS <i>65</i>	MONTHS <i>4</i>	DAYS <i>1</i>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housewife</i>			
	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
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Kentzville Mo</i>			
	13. NAME <i>Fritz Westhoff</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>			
MOTHER	15. MAIDEN NAME <i>Catherine Dickfrade</i>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>			
17. INFORMANT <i>Charles Beckhede</i>				
(ADDRESS) <i>2141 Edmund ave.</i>				
18. BURIAL, CREMATION, OR REMOVAL				
PLACE <i>Kentzville Mo.</i> DATE <i>Aug-25, 1935</i>				
19. UNDERTAKER <i>Albert N. Hallett Inc.</i>				
(ADDRESS) <i>429 N. E. 4th St.</i>				
20. FILED <i>8-22-35</i> <i>W. J. Zaehner</i>				
Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug-21, 1935*

22. I HEREBY CERTIFY, That I attended deceased from *8/1/34* 19____ to *Aug 21st* 19*35*

I last saw her alive on *Aug 20th* 19*35* Death is said to have occurred on the date stated above, at *11:30* am.

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

Uremia Date of onset _____

10 days duration

Other contributory causes of importance:
Chronic Interstitial Nephritis
arteriosclerosis long standing

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
If so, specify _____

(Signed) *John A. Kouzlen*, M. D.
(Address) *6693 Belmont*

