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

AUG 25 1936

Do not use this space.

29442
29455

1. PLACE OF DEATH
County St. Louis — Registration District No. 1170 — File No.
Township [illegible] — Primary Registration District No. 6248 H. — Registered No. 210
City Richmond Heights — No. St. Mary's Hospital — St. — Ward)

2. FULL NAME Rosa E. Scheidt
(a) Residence, No. 7320 Manchester St., Ward.
(Usual place of abode) (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 (write the word) Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emil Scheidt
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1st 1876
7. AGE YEARS 60 MONTHS 3 DAYS 24 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
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) (STATE OR COUNTRY) St. Louis Mo.

FATHER
13. NAME Martin Wohlwend
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

MOTHER
15. MAIDEN NAME Linder
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

17. INFORMANT (ADDRESS) Emil C. Scheidt 7320 Manchester Ave
18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Peter & Paul Cem. DATE 7/29 1936
19. UNDERTAKER (ADDRESS) Coghan Und. Co. Inc. 7140 Manchester Ave
20. FILED 7/28 1936 Gertrude Porter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/25 1936

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1936 to July 25, 1936.
I last saw her alive on July 25th, 1936. Death is said to have occurred on the date stated above, at 11 45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	1933
93	

Other contributory causes of importance: —

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? No
If so, specify —
(Signed) P. M. Brownard, M. D.
(Address) 3500 Campbell Maplewood Mo