

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

Do not use this space.

OCT 1 1936

32256

**1. PLACE OF DEATH**

County St. Louis Registration District No. 489  
 Township Marion Primary Registration District No. 6033  
 City Pine Lawn No. 6212 Dardanella ave St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 6212 Dardanella ave Ward \_\_\_\_\_ (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? 53 yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED (WIDOWED OR DIVORCED) HUSBAND OF (OR) WIFE OF Jus Schmiderer  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) aug 18 - 1864  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
71 11 23

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) \_\_\_\_\_ (1) Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baden Germany

FATHER  
 13. NAME A. Vigey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

MOTHER  
 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

17. INFORMANT (ADDRESS) Mrs. Jessie Toal 6212 Dardanella ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE aug 13 1936

19. UNDERTAKER (ADDRESS) L. B. Tamm 607 Natural Bridge Rd

20. FILED 872- 1936 A. H. Beckner Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-11-1936

22. I HEREBY CERTIFY, That I attended deceased from July 31st 1936 to Aug 11 1936  
 I last saw him alive on Aug 10 1936 Death is said to have occurred on the date stated above, at 9 a. m.  
 The principal cause of death and related causes of importance were as follows:

apoplectic stroke Date of onset \_\_\_\_\_  
82a 1

Other contributory causes of importance:  
Hypertension

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? clinical (as 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) W. W. Harris M. D.  
 (Address) 3106 W. Grand

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.

