

JUN 9 1938

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

16541
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **3635** **IOWA AVE** St. **4402**
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Emelia Schmidt**

(a) Residence, No. **3635 Iowa Ave.** St. **24** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **F.** 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 **Louis J.**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 4th, 1860**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 3 8
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. **At home**
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **Red Bud**
 (STATE OR COUNTRY) **Illinois**

FATHER 13. NAME **Henry Goetting**

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

MOTHER 15. MAIDEN NAME **Mueller**

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

17. INFORMANT **Louis Schmidt**
 (ADDRESS) **3635 Iowa**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **New St. Marcus** DATE **5/16/38**

19. FUNERAL DIRECTOR **J. L. Ziegenhein & Sons**
 (ADDRESS) **7027 Gravois Ave.**

20. FILED **MAY 13 1938** **J. D. Brudick**
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 12th 1938**

I HEREBY CERTIFY That I attended deceased from **Feb 4** 1937 to **May 12** 1938
 I last saw her alive on **May 12** 1938. Death is said to have occurred on the date stated above, at **8:30 P.** m.
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset
Hypertension and Chronic Bronchitis disease

Other contributory causes of importance:
Hypertension and Chronic Bronchitis disease

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 **G. B. Moeller** M. D.
 (Signed) **G. B. Moeller**
 (Address) **3537 Jefferson av**

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.

WHILE LIVING, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Clarence P. Kidwell
Licensed Embalmer No. 3877

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)