

REC'D SEP 12 1938

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

27367

Do not use this space.

## 1. PLACE OF DEATH

(a) County ..... Registration District No. **1008**  
(b) Township ..... Primary Registration District No. .... Registered No. **7381**  
(c) City **St. Louis** (d) Street No. **Missouri Baptist Hospital** St. ....  
(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

**ELIZABETH SCHMIDT**  
(a) Residence, No. **1139a Aubert Avenue** St. **12**  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

|   |  |   |
|---|--|---|
| 3. SEX<br><b>Female</b>   | 4. COLOR OR RACE<br><b>White</b>                                   | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><b>Widow</b> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><b>Henry Schmidt</b>                    |  |   |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Jan. 26, 1873</b>  |  |   |
| 7. AGE<br><b>65</b>   | YEARS<br><b>6</b>  | MONTHS<br><b>22</b>   |
| 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.<br><b>At Home</b>    |  | IF LESS THAN 1 day, ..... hrs. or ..... min.                              |
| 9. Industry or business in which work was done, as saw mill, bank, etc.                                 |  | 11. Total time (years) spent in this occupation                           |
| 10. Date deceased last worked at this occupation (month and year)                                       |  |   |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><b>St. Charles Mo.</b>                              |  |   |
| FATHER  | 13. NAME <b>Frank Suever</b>                                       |   |
|   | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><b>Germany</b> |   |
| MOTHER  | 15. MAIDEN NAME <b>Christine Egbert</b>                            |   |
|   | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><b>Germany</b> |   |
| 17. INFORMANT <b>Mrs. Stella Julka</b><br>(ADDRESS) <b>1139a Aubert Avenue</b>                          |  |   |
| 18. BURIAL, CREMATION, OR REMOVAL<br>PLACE <b>St. Peters</b> DATE <b>Aug 20, 1938</b>                   |  |   |
| 19. FUNERAL DIRECTOR (NAME) (ADDRESS)<br><b>Math, Hermann &amp; Son</b><br><b>2161 East Fair Avenue</b> |  |   |
| 20. FILED <b>AUG 20 1938</b> <b>J. F. Bredich</b><br>Local Registrar                                    |  |   |

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug 17, 1938**

22. I HEREBY CERTIFY, That I attended deceased from

**8-15-1938**, to **8-17-1938**I last saw her alive on **8-17, 1938** Death is said to have occurred on the date stated above, at **8:10 P. M.**

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

**Cerebral hemorrhage (left side)** Date of onset **8-15-38****hypertension****chronic myocarditis****chronic nephritis**

Other contributory causes of importance:

Name of operation **none** Date ofWhat test confirmed diagnosis? **clinical** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? **no** Date of injury **✓**, 19Where 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 **James A. Forseen**, M. D.(Signed) **James A. Forseen**, M. D.(Address) **3903 Olive St.**

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed

*William G. Buchholz*

Licensed Embalmer No.

*2110 O*

P. O. Address

*St. Louis Mo*

**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.)**

**If this body is not embalmed, above space should be left blank.**