

REC'D OCT 12 1938

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

30467  
Do not use this space.

## 1. PLACE OF DEATH

(a) County .....  
(b) Township .....  
(c) City St. Louis, Mo. (d) Street No. 4515 Clarence Ave., St. 9  
(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 Katherine Schildroth, if 3/6

(a) Residence, No. 4515 Clarence Ave., St. 9 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) UNKNOWN

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
about 63

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework  
9. Industry or business in which work was done, as 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) Belleville, Ills.13. NAME Chas. A. Schildroth14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Not known16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT (ADDRESS) Mrs. Julius O. Wetzel.  
4515 Clarence Ave.,18. BURIAL, CREMATION, OR REMOVAL PLACE Walnut Hill Cem DATE Sept. 8th, 3819. FUNERAL DIRECTOR (NAME) (ADDRESS) Leidner Und.  
1417 N. Market Street.20. FILED SEP - 7 1938 J. F. Brediek  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 6, 1938.22. I HEREBY CERTIFY, That I attended deceased from July, 1932, to Sept 6, 1938I last saw him alive on Aug 25, 1938. Death is saidto have occurred on the date stated above, at 3 A. m.

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

Chronic Myocarditis

Date of onset

?20 yrsfromhistory

Other contributory cause (of importance):

mitral insufficiency

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) Seth P. Smith, M. D.(Address) 4500 Clarence

**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.....

*John P. Buchholz*

Licensed Embalmer No. *1674*

P. O. Address.....

**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.**