

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.

DECD NOV 16 1938

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

34100
 Do not use this space.

1. PLACE OF DEATH
 (a) County..... 2 Registration District No. **791**
 (b) Township..... 1 Primary Registration District No. **1008**
 (c) City **of St. Louis** (d) Street No. **5347 Claxton** Registered No. **9086**
 (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.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 2. PRINT FULL NAME **Minnie Schmahlenberger**
 (a) Residence, No. **5347 Claxton** St. **7** (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*) **Widowed**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (*OR*) WIFE OF **Wife of Phillip**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 16, 1857**
 7. AGE YEARS **81** MONTHS **9** DAYS **1** If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housewife**
 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) **St. Louis Missouri**
 FATHER 13. NAME **Christ Kindler**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**
 MOTHER 15. MAIDEN NAME **Johanna Keuchler**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**
 17. INFORMANT (ADDRESS) **Mrs. Lena Mueller 5347 Claxton Avenue**
 18. BURIAL, CREMATION, OR REINTERMENT to **St. Paul Churchyard** DATE **10/19/38**
 19. FUNERAL DIRECTOR (ADDRESS) **A. W. McLaughlin 2301 Lafayette Avenue**
 20. FILED **OCT 18 1938** **J. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **10/17/38** 19
 22. I HEREBY CERTIFY, That I attended deceased from **Jan. 1938** to **Oct. 17, 1938**
 I last saw **her** alive on **Oct. 17, 1938** Death is said to have occurred on the date stated above, at **4:10 P.M.**
 The principal cause of death and related causes of importance were as follows:
Carcinoma of the head and face Date of onset **Jan. 1938**
Primary seat of carcinoma of skin on left side of forehead
 Other contributory causes of importance
 Name of operation **none** Date of
 What test confirmed diagnosis? **microscopic** Was an autopsy?
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury
 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) **Roland R. Meuwens, M. D.**
 (Address) **5330 Geraldine**

STATEMENT BY LICENSED EMBALMER

I, L. R. Cooper, Licensed Embalmer No. 3633

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed L. R. Cooper
Licensed Embalmer No. 3633

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.)