

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

AR 13 1939

Miss. J. J. a. Trigg
LEAD APR 7 1939
878-MAR 7 1939

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

12290
Do not use this space.

hours 11 to 1 pm.
1. PLACE OF DEATH
(a) County St. Louis 2 Registration District No. 284
(b) Township Normandy Primary Registration District No. 200
(c) City Overland 1 (d) Street No. 9702 Hawthorne St.
(e) Length of residence in city or town where death occurred 5 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 69 yrs. mos. ds.

2. PRINT FULL NAME Anna Schmiedes
(a) Residence, No. 9702 Hawthorne St. (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND'S (OR) WIFE OF <u>Frederick H. Schmiedes</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 16-1861</u>				
7. AGE <u>77</u>	YEARS	MONTHS <u>2</u>	DAYS <u>25</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Retired</u>			
	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) <u>1930</u>			
11. Total time (years) spent in this occupation <u>50 yr</u>				
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u> <u>6</u>				
FATHER	13. NAME <u>Adam Pfuhl</u> <u>6</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u> <u>6</u>			
MOTHER	15. MAIDEN NAME <u>Unknown</u> <u>7</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>			
17. INFORMANT (ADDRESS) <u>Louis Schmiedes</u> <u>9702 Hawthorne Overland, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bethany Cem.</u> DATE <u>3-15-39</u> 19				
19. FUNERAL DIRECTOR (ADDRESS) <u>Baumann Bros. Inc.</u> <u>2504 Woodson Overland, Mo.</u>				
20. FILED <u>MAR 13 1939</u> <u>W. R. Meyer</u> Local Registrar.				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Mar. 13</u> 19 <u>39</u>	
22. I HEREBY CERTIFY, That I attended deceased from <u>12/4</u> 19 <u>38</u> , to <u>3/13</u> 19 <u>39</u> I last saw her alive on <u>3/12</u> 19 <u>39</u> . Death is said to have occurred on the date stated above, at <u>12:05</u> A.M. The principal cause of death and related causes of importance were as follows: <u>acute Cardiac Deletation with failure</u> Date of onset <u>1938</u>	
Other contributory causes of importance: <u>Inoperable Carcinoma of Stomach with severe secondary anemia</u>	
Name of operation..... Date of..... What test confirmed diagnosis? <u>None</u> 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? <u>No</u> If so, specify..... (Signed) <u>Joseph J. Trigg</u> M. D. (Address) <u>1505 N. 2nd St. Overland</u>	

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.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

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

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed *Oscar F. Mueller*.....

Licensed Embalmer No. *3039*

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.)