

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

Do not use this space.

42717

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City St Louis (No. Barneo Hospital)

File No. ....

Registered No. **11971**

St. .... Ward .....

**2. FULL NAME** Billie Catherine Schmaare

(a) Residence. No. 203 Elm St. 12 Ward. Stanton Ill

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S., if of foreign birth?

yrs.

mos.

ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

**3. SEX**

Female

**4. COLOR OR RACE**

White

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

Married

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Dec 9 1928

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

Walter Schmaare

**17. I HEREBY CERTIFY, That I attended deceased from**

11-21, 1928, to 12-9, 1928

that I last saw her alive on 12-9, 1928, and that death occurred, on the date stated above, at 120 P. M.

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** Apr 18 1890

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

**7. AGE**

YEARS

MONTHS

DAY

If LESS than 1 day, hrs. or min.

37

11

21

Pulmonary embolism, post-operative

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

Housework 111A

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

**CONTRIBUTORY (SECONDARY)**

Appendicitis, ch.

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY)

Stanton Ill

**10. NAME OF FATHER**

Henry Ochler

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Germany

**12. MAIDEN NAME OF MOTHER**

Anna Sohn

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Germany

**14.**

INFORMANT (Address)

Walter Schmaare Stanton Ill

**15.**

FILED

DEC 10 1928

W. C. Stankel REGISTRAR

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH?

DATE OF 11/26/28

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

Norman, M. D.

12/9, 1928 (Address) 600 S. Kingshighway

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

DATE OF BURIAL

Stanton Ill

Dec 10 1928

**20. UNDERTAKER**

ADDRESS

Thos H. Bidwidow 1936 N. Louisiana

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

K. 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.

