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

PLACE OF DEATH

County Ste Genevieve

Township " "

or

Village —

or

City —

Registration District No. 780 File No. 14781

Primary Registration District No. 6025 Registered No. 16

(No. ..... St. ..... Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Joseph Schmidt

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

DATE OF BIRTH Sept (Month) 29 (Day), 1825 (Year)

AGE 87 yrs. 7 mos. 29 ds. If LESS than 1 day, ... hrs. or ..... min.?

OCCUPATION
(a) Trade, profession, or particular kind of work Farmer.
(b) General nature of industry, business, or establishment in which employed (or employer) Farmer.

BIRTHPLACE (City or town, State or foreign country) Elias Germany.

PARENTS

NAME OF FATHER Dont kno

BIRTHPLACE OF FATHER (City or town, State or foreign country) Germany.

MAIDEN NAME OF MOTHER Dont kno

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Germany.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lawrence Schmidt

(ADDRESS) Ste Genevieve Co Mo

Filed April 29, 1912 H. G. Meyer, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April (Month) 28 (Day), 1912 (Year)

I HEREBY CERTIFY, that I attended deceased from March 1st, 1912, to April 28, 1912, that I last saw him alive on March 15, 1912, and that death occurred, on the date stated above, at 12:15 P.M.

The CAUSE OF DEATH* was as follows:

Senility

1 Mo.

1 Mo. (Duration) ..... yrs. 2 mos. ..... ds.

Contributory (SECONDARY) Due to a fact.

(Duration) ..... yrs. 2 mos. ..... ds.

(Signed) H. G. Meyer M. D.

April 29, 1912 (Address) Ste Genevieve Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL Ste Joseph Cem Zell Mo

DATE OF BURIAL ..... 191..

UNDERTAKER John Basler Ste Genevieve Mo

ADDRESS

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman,* etc. But in many c. es, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner,* (*b*) *Cotton mill;* (*a*) *Salesman,* (*b*) *Grocery;* (*a*) *Foreman,* (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine,* etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework,* or *At home,* and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid,* etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum,* etc., *Carcinoma, Sarcoma,* etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis,* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septichaemia,*" "PUERPERAL *peritonitis,*" etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental—drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

HUGH STEPHENS, JEFFERSON CITY.

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

PLACE OF DEATH

County St Genevieve

Township " "

or

Village

or

City (NO. St.: Ward)

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

Registration District No. 780 File No. 14781

Primary Registration District No. 6025 Registered No. 16

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Joseph Schmidt

SUPPLEMENTARY

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
m	w	m.

DATE OF BIRTH Sept 29 (Month) (Day), 1825 (Year)

AGE 87 yrs. 7 mos. 29 ds. If LESS than 1 day, hrs. or min.?

OCCUPATION
(a) Trade, profession, or particular kind of work farmer.
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (City or town, State or foreign country) Elsass Germany

PARENTS
NAME OF FATHER Wm
BIRTHPLACE OF FATHER (City or town, State or foreign country) Germany
MAIDEN NAME OF MOTHER Wm.
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Germany

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lawrence Schmidt

(ADDRESS) St. Genevieve Mo.

Filed April 29, 1912 A G Meyer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 28 (Month) (Day), 1912 (Year)

I HEREBY CERTIFY, that I attended deceased from Mar, 1912, to Apr. 28, 1912, that I last saw him alive on Mar. 15, 1912, and that death occurred, on the date stated above, at 12 p.m. 15

The CAUSE OF DEATH* was as follows:

Senility

(Duration) yrs. 4 mos. ds.

Contributory (SECONDARY) due to a fall

(Duration) yrs. mos. ds.

(Signed) A G. Meyer, M. D.

April 29, 1912 (Address) Ste Genevieve

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL St Joseph Cem. Zell. Mo

DATE OF BURIAL April 30 1912

UNDERTAKER John Basler

ADDRESS Ste Genevieve Mo

Original file, date APR, 19

All information called for must be written on this Supplementary Certificate.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association]

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