

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

PLACE OF DEATH

County _____

Township _____

or

Village _____

or

City St. Louis (NO. City Hospital St.; _____ Ward)

Registration District No. 791

File No. 24545

Primary Registration District No. 1003

Registered No. 6981

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

FULL NAME Bernard Schmidt

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH unknown
(Month) (Day) (Year)

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

OCCUPATION (a) Trade, profession, or particular kind of work Laborer #168
(b) General nature of industry, business, or establishment in which employed (or employer) 19016

BIRTHPLACE (City or town, State or foreign country) Illinois

NAME OF FATHER Nicolas Schmidt

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

MAIDEN NAME OF MOTHER Oella Stecher

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sam Dent

(ADDRESS) Alton, Ill.

Filed 21 1914 by Max C. Starkloff REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 19th, 1914
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from _____, 191____, to _____, 191____,

that I last saw h _____ alive on _____, 191____,

and that death occurred, on the date stated above, at 10th m.

The CAUSE OF DEATH* was as follows:

Shock & Injuries (Internal Injuries) due to fall from Window Cause manual not ascertained

(Duration) _____ yrs. _____ mos. _____ ds.

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) H. W. Satt 721 1914 (Address) Deputy Coroner

*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 240 1/2 N. Broadway

PLACE OF BURIAL OR REMOVAL Alton, Ill. DATE OF BURIAL 7-23 1914

UNDERTAKER G. N. Streper ADDRESS Alton, Ill.

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.

