

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

Do not use this space.

31897

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St Louis (No. 3712, Nebraska W)
 Registered No. 9261 St. Ward)

2. FULL NAME

Theo G. Schmidt
 (a) Residence No. St. 24 Ward.
 (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

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) m.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lda Schmidt

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 24 1893

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>34</u>		<u>22</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Clerk.
 (b) General nature of industry, business, or establishment in which employed (or employer) Clerical.
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis

10. NAME OF FATHER Gottlieb Schmidt

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Hilma Wagner

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ill.

14. INFORMANT Lda Schmidt
 (Address) 3712 Nebraska W.

15. FILED SEPT 18 1927 Max C. Starosoff
 REGISTER

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 16 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept 27th, 1927, to October 16th, 1927 that I last saw him alive on October 16th, 1927, and that death occurred, on the date stated above, at 12:30 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Dilation of Heart

CONTRIBUTORY (SECONDARY) Tuberculous
 (duration) 2+ yrs. mos. ds.

18. WHERE AS DEATH CONTRACTED (IF NOT AT PLACE OF DEATH)

19. DID AN OPERATION PRECEDE DEATH? DATE OF WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) James F. McCadden, M. D.
10/17 1927 (Address) 940 Missouri Bldg

*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 Comordia DATE OF BURIAL Oct 18 1927

20. UNDERTAKER Theo H. Biederwiedny ADDRESS 1936 St Louis W.

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.

