

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

Do not use this space.

38277

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City *St. Louis* No. *3416* State *Oregon*

File No.....
 Registered No. **10935**
 St..... Ward)

2. FULL NAME

(a) Residence. No. *3416 Oregon* St., *24* Wasb. (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* | 4. COLOR OR RACE *White* | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Widowed*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Jan. 25 1854*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
73 | 10 | 10

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work *Shoe Repairer*
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) *Waterloo* (STATE OR COUNTRY) *Ill*

10. NAME OF FATHER *Geo Schmitt*

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

12. MAIDEN NAME OF MOTHER *Caroline Schweg*

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

14. INFORMANT *Clara Schmitt* (Address) *3416 Oregon Ave*

15. FILED *DEC -6 1927* *max S. Starceff* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Dec. 5 1927*

17. I HEREBY CERTIFY That I attended deceased from *Jan 10th*, 19*26*, to *Dec 5th*, 19*27*, and that I last saw him alive on *Dec 5th*, 19*27*, and that death occurred, on the date stated above, at *3 P.* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Paralysis Agitans
840 (duration) *1* yrs. *11* mos. da.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? *no* DATE OF

WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) *Alberta Zehhardt*, M. D.
 , 19 (Address) *3438 Clifton*

*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 *Lakewood Park* DATE OF BURIAL *Dec 8 1927*

20. UNDERTAKER *J. Schumacher* ADDRESS *3013 Meramec*

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.

RECORD WITH OBTAINING INFORMATION—THIS IS A PERMANENT RECORD

