Cadbury
Jos. Jochia

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

Do not use this space.

File No. 10949
Registered No. 2873

1. PLACE OF DEATH

County ..... Registration District No. 791
Township ..... Primary Registration District No. 1003
City St. Louis Mo. (No. 4305 St. Louis Ave. St. ..... Ward)

2. FULL NAME Charles Louis Schmidt.

(a) Residence. No. 4305 St. Louis Ave. St., 10 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male.	White.	Married.

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lillie Schmidt.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4/22/1860

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ... hrs. or ..... min.
	67	10	18	

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

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany.

PARENTS
10. NAME OF FATHER Conrad Schmidt.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany.
12. MAIDEN NAME OF MOTHER Not Known.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany.

14. INFORMANT Mrs Lillie Schmidt
(Address) 4305 St Louis Ave.

15. FILED MAR 12 1928, 19 Mark Starkoff
REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/10/28 19

17. I HEREBY CERTIFY, That I attended deceased from June 15, 1927, to Mar. 10, 1928 that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 3-45 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Interstitial Nephritis
PRIMARY (duration) 2 yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) Arteriosclerosis Chronic
or 131 (duration) 1 yrs. 6 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? at place of death
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Albumen
(Signed) Wm. C. Barenberg, M. D
, 19 (Address) 3528 California

*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 St. Peters Cemetery.
DATE OF BURIAL 3/12/28 19

20. UNDERTAKER Provost Und. Co
ADDRESS 3710 N. Grand.

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.