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

Do not use this space.
15685
15416
File No. 4648
Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 791
Township ..... Primary Registration District No. 1003
City St Louis (No. 5307, Minnesota ave St. ..... Ward)

2. FULL NAME Eugene Karl Schmidt

(a) Residence. No. 5307 Minnesota Ave 15 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 Katie nee Eichholz

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 12th 1873

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	55	0	15	

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

9. BIRTHPLACE (CITY OR TOWN) Esslingen a. Nu.
(STATE OR COUNTRY) Germany

PARENTS

10. NAME OF FATHER Christian Schmidt
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Magdalena Krotner
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

14. INFORMANT Wm Schmidt
(Address) Davenport Iowa

15. FILED APR 29 1928 Max C Stadler REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 27th 1928.

17. I HEREBY CERTIFY That I attended deceased from Jan 22. 1928, to Apr. 27. 1928 that I last saw him alive on Apr. 26 1928, and that death occurred, on the date stated above, at 1 - A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
hypertrophy and dilitation of the heart
last stage (duration) yrs. 3 mos. 5 ds.
CONTRIBUTORY (SECONDARY) angina pectoris
(duration) years yrs. mos. ds.

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? clinical observation
(Signed) Dr. H. Tappan, M. D
Apr. 28, 1928 (Address) 3341 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 Missouri Crematory — DATE OF BURIAL 4-30-1928

20. UNDERTAKER Witt Bros Ltd Co 2929 So Jefferson — ADDRESS

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.