4 1928

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

18269

1. PLACE OF DEATH

County STE. GENEVIEVE — Registration District No. 780 — File No.

Township — Primary Registration District No. 4466 — Registered No. 16

City Ste. Genevieve (No. ..... St. ..... Ward)

2. FULL NAME Frank H. Schmidt

(a) Residence. No. ..... St., ... 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: m
4. COLOR OR RACE: m
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 30 1884

7. AGE: Years 43 — Months 7 — Days 6 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Laborer 26
(b) General nature of industry, business, or establishment in which employed (or employer): Quarry man
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Red Bud
(STATE OR COUNTRY): Illinois

PARENTS
10. NAME OF FATHER: Franz E. Schmidt
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Saxon
(STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Sophia Gaines
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Red Bud
(STATE OR COUNTRY): Illinois

14. INFORMANT: Franz E. Schmidt
(Address): Prairie Du Rocher Ill

15. FILED May 7, 1928 T. W. Douglas, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 6 1928

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19....., that I last saw h— alive on ....., 19....., and that death occurred, on the date stated above, at 10 34 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Run over by R.R. locomotive
Accidental Death
(Verdict of Jury)
..... (duration) ..... yrs. ..... mos. ..... ds.

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? — DATE OF .....
WAS THERE AN AUTOPSY? —
WHAT TEST CONFIRMED DIAGNOSIS? —

5/7/28 (Signed) Leo C. Basler Dep. Coroner, M.D.
, 19 (Address) Ste. Genevieve Mo

*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: Red Bud Illinois — DATE OF BURIAL: May 8 1928

20. UNDERTAKER: John Basler Ste. Genevieve Mo — ADDRESS

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County Ste Genevieve — Registration District No. 780 — File No.
Township — Primary Registration District No. 4466 — Registered No.
City — (No. — St. — Ward)

2. FULL NAME Frank W. Schmidt
(a) Residence. No. — St., — 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 M. — 4. COLOR OR RACE W. — 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 20 - 1884

7. AGE — YEARS 43 — MONTHS 7 — DAYS 6 — If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work

9. PARENTS

Was an automobile involved in this case? If so, where did accident occur, in what county and city or town? Please sign and return.

There was no Automobile involved in this death, the Certificate tells all that is known in this case
T.W. Douglas

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

14. INFORMANT
(Address)

15. FILED June 10, 1928 T.W. Douglas REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 6 1928

17. I HEREBY CERTIFY, That I attended deceased from — 19 — to — 19 — that I last saw h... alive on — 19 — and that death occurred, on the date stated above, at 10:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Run over by R.R. Locomotive accidental Death (Verdict of Jury) (duration) yrs. mos. ds.

CONTRIBUTORY

(duration) yrs. mos. ds.

1880

...ASE CONTRACTED
...CE OF DEATH?
...N PRECEDE DEATH? — DATE OF
...UTOPSY?
...FIRMED DIAGNOSIS?
..., M. D
(Address)

*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 — DATE OF BURIAL 19

20. UNDERTAKER — ADDRESS

...NLY, WITH UNFADING IN... ...NT RECORD
...em ... information should be carefully copp... ...GE should be stated EXACTLY. PHYSICIANS should state ...ATH in plain terms, so that it may be prop... ...sified. Exact statement of OCCUPATION is very important.
REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

S-18269