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

Do not use this space.

22584

File No.

Registered No. 6819

1. PLACE OF DEATH

County

Township

City St Louis

Registration District No. 791

Primary Registration District No. 1008

(No. 2760 Shenandoah St. St. Ward)

2. FULL NAME John Schmidt

(a) Residence. (Usual place of abode) No. St., 23 Ward.

(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 Ida Schmidt

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 21 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	61	9	6	

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)

(c) Name of employer Int. Shoe Co

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Germany

PARENTS

10. NAME OF FATHER Geo Schmidt

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Germany.

12. MAIDEN NAME OF MOTHER Mary Kemstock

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Germany

14. INFORMANT Ida Schmidt

(Address) 2760 Shenandoah St

15. FILED June 29 1928 Alex C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from May 25, 1928, to June 27, 1928, that I last saw her alive on June 27, 1928, and that death occurred, on the date stated above, at 5:50 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Stomach

H&B

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) 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?

(Signed) F W Stringa, M. D

June 27, 1928 (Address) 3315 S Jefferson Ave

*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 Concordia Cemetery — DATE OF BURIAL June 29 1928

20. UNDERTAKER Theo. H. Beidenwieden — ADDRESS 1936 St. Louis Ave.