11 AUG 22 1929

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

Do not use this space.

23820

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1. PLACE OF DEATH
County Buchanan — Registration District No. 1001 — File No.
Township — Primary Registration District No. — Registered No. 874
City St Joseph (No. Noyes Hospital St. Ward)

2. FULL NAME Robert Adolph Schmaltz
(a) Residence. No. Beck Road 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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 11 1904

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
24	9	10	

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

9. BIRTHPLACE (CITY OR TOWN) Braymer
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Otto Louis Schmaltz
11. BIRTHPLACE OF FATHER (CITY OR TOWN) St Joseph
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Sylvia Irene Proctor
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Braymer
(STATE OR COUNTRY) Mo

14. INFORMANT Family Record & Mr Schmaltz
(Address) St Joseph - Mo.

15. FILED JUL 22 1929, 19 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 21 1929

17. I HEREBY CERTIFY, That I attended deceased from VIEWED on ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 11 30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Fractured Skull in auto accident on Highway No 71 near Gower Mo
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 215M 188 (duration) yrs. mos. 2 08 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) B W Paddock Coroner, M.D.
7/22, 1929 (Address) St Joseph 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 Memorial Park — DATE OF BURIAL July 23 1929

20. UNDERTAKER Fleeman Funeral Home — ADDRESS 1946 Colhoun

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.