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.

28 1929

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

Do not use this space.

25808

1. PLACE OF DEATH
County St Louis — Registration No. 1170 — File No.
Township — Primary Registration District No. 6248 H — Registered No. 194
City Richmond City Heights (No. St Mary's Hospital St. Ward)

2. FULL NAME Paul Schmitt
(a) Residence. No. 3651 Giles St., Ward. St Louis Mo
(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 Male
4. COLOR OR RACE White
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) July 29th 1929

7. AGE — YEARS — MONTHS — DAYS — If LESS than 1 day, 8 hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) "
(c) Name of employer "

9. BIRTHPLACE (CITY OR TOWN) Bern
(STATE OR COUNTRY) St Louis County

PARENTS
10. NAME OF FATHER Paul Schmitt
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Louise Fuerbach
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany

14. INFORMANT Mr Paul Schmitt
(Address) 3651 Giles Ave

15. FILED 7/30 1929 3651 C L Jensen REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 29th 1929

17. I HEREBY CERTIFY, That I attended deceased from July 29, 1929, to July 29, 1929 that I last saw him alive on July 29, 1929, and that death occurred, on the date stated above, at 6:15 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
159 Atelectasis
161 H
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Premature birth
27 week of gestation
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 161 a
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) R. H. Fuhrmann M. D.
July 30, 1929 (Address) 4247 S. Grand

*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 Lake Charles — DATE OF BURIAL July 30 1929

20. UNDERTAKER Hauck & Schmitt — ADDRESS 3232 S. Grand