

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

Do not use this space.

2394

1. PLACE OF DEATH

County St. Charles Registration District No. 757
 Township St. Charles Primary Registration District No. 3026
 City St. Charles (No. St. Joseph's Hospital) St. 2nd Ward

File No. _____

Registered No. 10

2. FULL NAME

Edward H. Schmiemeier,

(a) Residence. No. 625 S. Main St. St. 1 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF
 WIFE Wilhelmina Schmiemeier

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 25, 1864.

7. AGE	YEARS	MONTHS	DAY	IF LESS (than 1 day, _____ hrs. or _____ min.)
	<u>65</u>	<u>2</u>	<u>29</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer) - - -
 (c) Name of employer - - -

9. BIRTHPLACE (CITY OR TOWN) St. Charles County
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Herman Schmiemeier

11. BIRTHPLACE OF FATHER (CITY OR TOWN) - - -
 (STATE OR COUNTRY) not known

12. MAIDEN NAME OF MOTHER --- Berlekamp

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) - - -
 (STATE OR COUNTRY) not known.

14. INFORMANT William Schmiemeier,
 (Address) 625 S. Main St.

15. FILED 2/28/30 H. G. Blochman
 REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 23, 1930

17. I HEREBY CERTIFY, That I attended deceased from January 21, 1930, to January 23, 1930.
 That I last saw him alive on January 23, 1930, and that death occurred, on the date stated above, at 4 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Paratyphoid Typhoid
131
137
111A (duration) 1 yrs. - mos. - ds.
 CONTRIBUTORY Hypertrophy of Ovaries
 (SECONDARY) Hypertrophy of Ovaries
 (duration) 6 yrs. 6 mos. - ds.

18. WHERE WAS DISEASE CONTRACTED 129 W
 IF NOT AT PLACE OF DEATH 625 S. Main

DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Microscopic
 (Signed) B. B. Neuthey, M. D.
1-24, 1930 (Address) St. Charles 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 Friedens Cemetery. DATE OF BURIAL Jan. 24, 1930.

20. UNDERTAKER Steinbrinker Turn. Co ADDRESS St. Charles Mo

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.

