

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

Do not use this space.

3011

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City **St. Louis** (No. **City of Infermary**)

File No.....  
Registered No. **488**  
St..... Ward)

**2. FULL NAME**

(a) Residence. No. **5800 Arsenal** St., **13** Ward.  
(Usual place of abode)  
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. (If nonresident, give city or town and State)

**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) **abt 1855**

7. AGE **75 yrs** YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
**Unknown**

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

10. NAME OF FATHER **Henry Schmidt**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

12. MAIDEN NAME OF MOTHER **Henrietta Alla**

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

14. INFORMANT **Mrs Effinger** (Address) **5880 Arsenal**

15. FILED **JAN 15 1930** **Walter Richter** REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **1-10-30** 19

17. I HEREBY CERTIFY, That I attended deceased from **12-1** 19**29**, to **1-10** 19**30** that I last saw h. **alive** on **1-10** 19**30** and that death occurred, on the date stated above, at **9:00** a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
**Chronic Myocarditis**

CONTRIBUTORY (SECONDARY) **930**  
**900** (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH? DATE OF.....

19. WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) **W. Richter** M. D.

**1-13 1930** (Address) **5600 Arsenal**

\*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 **Washington U.** DATE OF BURIAL **1-13 1930**

20. UNDERTAKER **Walter Richter** ADDRESS **3500 Rutquist**

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.

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NOT TO BE USED FOR BINDING

S. NO. 1.

