APR 30 1930

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

Do not use this space.

10026

15 1 4

1. PLACE OF DEATH
County Ste. Genevieve — Registration District No. 780 — File No.
Township — Primary Registration District No. 4466 — Registered No. 18
City Ste. Genevieve (No. ..... St. ..... Ward)

2. FULL NAME Lawrence Schmidt

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
male	white	widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 30 1857

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
72	7	27	

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

1

9. BIRTHPLACE (CITY OR TOWN) Zell
(STATE OR COUNTRY) Missouri

1

PARENTS

10. NAME OF FATHER Joseph Schmidt
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Baden
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Sophia Winters
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Baden
(STATE OR COUNTRY) Germany

10

14. INFORMANT Joseph W. Schmidt
(Address) Ste Genevieve Mo

15. FILED Mar 27, 1930 T. W. Douglas REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 27 1930

17. I HEREBY CERTIFY, That I attended deceased from March 10, 1930, to March 27, 1930 that I last saw him alive on March 25, 1930 and that death occurred, on the date stated above, at 6 30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Cardiac Dilatation
131
926
928
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Chronic Nephritis
Chronic Myocarditis
(duration) 2 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? Sam Symptoms

(Signed) [signature], M. D.
Mar. 27, 1930 (Address) Ste Genevieve 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	DATE OF BURIAL
Zell Missouri	3/29 1930

20. UNDERTAKER	ADDRESS
John Basler Ste. Genevieve Mo	