OCT 28 1930

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

Do not use this space.

29186

85

1. PLACE OF DEATH

County Buchanan. Registration District No.

Township Primary Registration District No. 1001

City St. Joseph (No. Noyes Baptist Hospital St. Ward)

File No.

Registered No. 1038

2. FULL NAME John J Schmitz

(a) Residence. No. 2021 South 4 Street St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 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	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) November 17-1853

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	76	10	0	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer- Common

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Quincy
(STATE OR COUNTY) Ill.

PARENTS

10. NAME OF FATHER Jacob Peter Schmitz

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTY) Germany

12. MAIDEN NAME OF MOTHER Margaret Stubenhaver

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTY) Germany

14. INFORMANT Mrs Mary Schmitz
(Address) 2021 So.4 St.-St.Joseph Mo.

15. FILED SEP 19 1930 John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

4

16. DATE OF DEATH (MONTH, DAY AND YEAR) September 17 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 6, 1930, to Sept 17, 1930, that I last saw him alive on Sept 17, 1930, and that death occurred, on the date stated above, at 8/30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Uraemia Prostatic Hypertrophy 131
Pyelonephritis 133A
133A
(duration) 10 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Cystostomy
(duration) yrs. mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 9/17/30

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Cystoscopy, Blood, Kidney Function test

(Signed) J. J. Bernbach, M. D.

Sept. 18 30 (Address) 824 Fred. Av. 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 Mt.Olivet Cemetery

DATE OF BURIAL Sept 20 1930

20. UNDERTAKER H. Siedenfaden

ADDRESS 1802 Union St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PROFESSIONALS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

SUPPLEMENTARY

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1. PLACE OF DEATH

County Pinch — Registration District No. 85 — File No. .....

Township ..... — Primary Registration District No. 1001 — Registered No. 1038

City St Joe (No. ..... St. ..... Ward)

2. FULL NAME John J. Schmitz

(a) Residence. No. ..... 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) M

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

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

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

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

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

PARENTS
10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY)

14. INFORMANT .....
(Address)

15. FILED 9/19, 19 30 John G. Jitz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 17 19 30

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

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Uraemia, prostate
Hypertrophy Pyronephritis
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Cystostomy for
preoperative drainage of bladder
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) ....., M. D
, 19 (Address)

*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 19

20. UNDERTAKER — ADDRESS

N. B.—Every ... should be carefully supplied. AGE should be stated ... CAUSE OF DEATH ... in terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
REGISTRARS SHALL ... RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ... COMPLETE ... BY LAW

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