

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

Do not use this space.

38910

File No. 18  
Registered No. 5  
St. \_\_\_\_\_ Ward)

1. PLACE OF DEATH Cole  
County Cole Registration District No. 1158  
Township Orange Primary Registration District No. 5296a  
City St. Thomas Mo. (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward)

2. FULL NAME Stephen Schmidt  
(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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 12 - 1855

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
75 2 — —

8. OCCUPATION OF DECEASED Tr. Smith  
(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) Austria  
(STATE OR COUNTRY) Hungary

10. NAME OF FATHER Stephen Schmidt

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Austria  
(STATE OR COUNTRY) Hungary

12. MAIDEN NAME OF MOTHER Anna Turko

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Austria  
(STATE OR COUNTRY) Hungary

14. INFORMANT Geo. H. M. [unclear]  
(Address) St. Thomas Mo.

15. FILED 12/17, 1930 J. Schmidt REGISTRAR  
deputy

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. the 12<sup>th</sup> 1930

17. I HEREBY CERTIFY, That I attended deceased from October the 10<sup>th</sup> 1930, to Dec. the 12<sup>th</sup> 1930, and that I last saw him alive on Dec. the 11<sup>th</sup> 1930, and that death occurred, on the date stated above, at 5 o'clock P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Heart Disease  
ANA Aortic Aneurysm  
95 F.  
67 (duration) 5 yrs. mos. ds.  
CONTRIBUTORY Senility & Arteriosclerosis (SECONDARY)  
Sclerosis (duration) About 10 years 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) Henry C. Werner, M. D.  
, 19 (Address) St. Thomas 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 St. Thomas Cemetery DATE OF BURIAL Dec 15 1930

20. UNDERTAKER T. B. L. Waether ADDRESS St. Thomas 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.

JAN 19 1931

