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

Do not use this space.

35900

1 31
1008

File No. 10416

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. .....

Township ..... Primary Registration District No. .....

City St. Louis (No. Barnes City Hospital St. ..... Ward)

2. FULL NAME Fred Schmitt

(a) Residence, No. 2838 Winnebago St., 24 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: Elizabeth Schmitt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 22 1864

7. AGE: Years 67 Months 2 Days 16 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Night Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Amer Car & Foundry Co.

10. Date deceased last worked at this occupation (month and year): 10-10-31

11. Total time (years) spent in this occupation: 38

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Brunswick Mo.

FATHER

13. NAME: Jno Schmitt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: Gertrude Black

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT: A. P. Schmitt
(ADDRESS) 3918 Lowe Pl.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Beck No DATE 10-13 1931

19. UNDERTAKER: F. Schumacher
(ADDRESS) 3013 Miramar

20. FILED OCT 12 1931 Wm C Markell
Registrar.

MEDICAL CERTIFICATE OF DEATH

N! Physician or Attendant

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 10, 1931

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 3:00 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset

43c

Other contributory causes of importance:

PBC

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John Hurley M.D.

10/10/31 (Address) Deputy Coroner

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.