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

Do not use this space.

42007

File No. .....
Registered No. 76

1. PLACE OF DEATH
County Ste. Genevieve
Township Ste. Genevieve
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 780
Primary Registration District No. 6025

JAN 22 1932

2. FULL NAME Bernard Schmelze

(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): widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 15 1838

7. AGE: Years 93 | Months 4 | Days 12 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Germany

FATHER
13. NAME Frank X. Schmelze
14. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Mary Oliele
16. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Germany

17. INFORMANT Frank X. Schmelze
(ADDRESS) Ste. Genevieve Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Zell Mo DATE 12/29 1931

19. UNDERTAKER John Basler
(ADDRESS) Ste. Genevieve Mo

20. FILED Dec 28 1931 T. W. Douglas
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec - 27 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov - 25 - 1931, to Dec - 27 - 1931
I last saw h. alive on Dec - 23 - 1931. Death is said to have occurred on the date stated above, at 9 15 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
arterio-sclerosis -	2
91 Y	
1 M	
12 D	

Other contributory causes of importance:
Senile Dementia — Sept-31

Name of operation ✓ Date of .....
What test confirmed diagnosis? Clinical 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? no
If so, specify .....
(Signed) R. W. Lemming, M. D.
(Address) Ste Genevieve, Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

V. S. No. 2.