

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

Do not use this space.

6119

1. PLACE OF DEATH

County
Township
City St. Louis, Mo. (No.)

Registration District No. 791
Primary Registration District No. 10133

File No.
Registered No. 1141
St. Ward

2. FULL NAME

Joseph Schmidt
(a) Residence, No. 5039 Wren Ave St. 7 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? 25 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 24 - 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 1 9

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 29
10. Date deceased last worked at this occupation (month and year) June 1931 11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria 3

FATHER 13. NAME Andrew Schmidt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

MOTHER 15. MAIDEN NAME Maria Behn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

17. INFORMANT (ADDRESS) Olga Schmidt
5039 Wren Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Burial Park DATE 2/5/32

19. UNDERTAKER (ADDRESS) King Highway, Emma, Ind. Co.
St. Louis, Mo.

20. FILED FEB 12 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 2nd 1932

22. I HEREBY CERTIFY, That I attended deceased from May 28 1931, to Feb 2 1932
I last saw him alive on Feb 1 1932 Death is said to have occurred on the date stated above, at 9:30 p.m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
930
Other contributory causes of importance: (1)

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? no
If so, specify Chas. H. Pope M. D.
(Signed) Chas. H. Pope
(Address) 1890 Reilly Bldg.

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.

