

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.

MAY 28 1932

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

Do not use this space.

13869

1. PLACE OF DEATH
96 County St. Louis, Mo. Registration District No. 1123
Township Cannibal Primary Registration District No. 644
City Jefferson Barracks, Mo. U.S.V.A. Hospital, Jefferson Barracks, Mo. (Ward)

2. FULL NAME Otto W. Schmidt
(a) Residence, No. 4137 Lindall., St. Louis, Mo. Ward. St. Louis Mo
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred un yrs., kn mos own, 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) Widower.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 9, 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 8 11

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Restaurant Owner.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Business for himself.
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) St. Louis, Missouri.

MOTHER FATHER
13. NAME August Schmidt.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable. Germany.

15. MAIDEN NAME Unavailable.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable. Germany.

17. INFORMANT C. H. Smith, Clinical Director.
(ADDRESS) U. S. V. A. Hospital, Jefferson Brks, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE National Cem DATE 4/23

19. UNDERTAKER C. H. Smith, Clinical Director
(ADDRESS) 7814 Madison

20. FILED Apr. 21 1932 L. C. Brown,
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 13, 1932. 19... to April 20, 1932. 19...
I last saw him alive on April 20, 19... 32 Death is said to have occurred on the date stated above, at 4:20 PM.
The principal cause of death and related causes of importance were as follows:

Myocarditis.
59
930 59
97
Other contributory causes of importance:
Arteriosclerosis, general.
Diabetes, mellitus, mild.

Name of operation Autopsy, Physical X-Ray & Laboratory Findings. Date of Yes.
What test confirmed diagnosis? (Whether an autopsy?)

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) W. C. Gibson, Medical Director in Charge
(Address) U. S. Veterans Adm Hospital, Jefferson Barracks, Mo.

