

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.

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

Do not use this space.

14403

1. PLACE OF DEATH

County Registration District No. 70
Township Primary Registration District No. 30
City St. Louis (No. Third St. Commission Row) St. 25 Ward. Olive St. Lindbergh Bldg.
Registered No. 3741 (If nonresident, give city or town and State)
St. Ward)

2. FULL NAME

Henry Schmeling
(a) Residence, No. St. 25 Ward. Olive St. Lindbergh Bldg.
(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 Adrenia Schmeling

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 14 1873

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
58 5 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Commissioner Bus.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 131

10. Date deceased last worked at this occupation (month, and year) April 15 1932 11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson Mo.

13. NAME Simon Schmeling

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson Mo.

15. MAIDEN NAME Salome Weber

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson Mo.

17. INFORMANT Alfred Schmeling

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill Lutheran Church Apr 19 1932

19. UNDERTAKER Baumann Bros. 2504 Woodson St. Louis Mo.

20. FILED APR 18 1932 W. H. Standley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 16 1932

22. I HEREBY CERTIFY That I attended deceased from Feb 18 1932 to Apr 16 1932

I last saw him alive on Mar 31 1932 Death is said to have occurred on the date stated above, at 9:15 m.

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

Chronic Myocarditis Date of onset 1930

932 948 930

Other contributory causes of importance Coronary thrombosis 2/18/32

Name of operation Date of no

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 Andrew Youngman, M. D.

(Signed) W. H. Standley (Address) St. Louis Mo

