

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.

17563

791
1003

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City..... *St. Louis* (No. *City and Suburban Hospital #1*) St. Ward

2. FULL NAME

Phillip J. Schmeidt
(a) Residence, No. *4728 W. Warrick* St. Ward. *15*
(Usual place of abode)

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. (If nonresident, give city or town and State)

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) *May-9-1875*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 11 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Owner 158*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Cigar Store*
10. Date deceased last worked at this occupation (month and year) Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*

13. NAME *Christian Schmeidt*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Bermain*

15. MAIDEN NAME *unknown*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Bermain*

17. INFORMANT (ADDRESS) *Harvey Schmeidt 4728 Warrick*

18. BURIAL, CREMATION, OR REMOVAL PLACE *New Riders* DATE *5/7/32*

19. UNDERTAKER (ADDRESS) *Frederick Bros. 2827 Chicago*

20. FILED *MAY 19 1932* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *5/5/32* 19

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

I last saw him alive on 19..... Death is said to have occurred on the date stated above, at *1020* m.

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

Gunshot wound of Head self-inflicted at residence
167. Suicide
Other contributory causes of importance:
167

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? *suicide* 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) *J. W. Depcor*, M. D.

(Address) *Depcor*

