

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.

18086

1. PLACE OF DEATH

County Registration District No. 799
Township Primary Registration District No. 1108
City, St. Louis (No. 1325 So 11)

File No.
Registered No. 5058
St. Ward

2. FULL NAME

Herman Schmeiser
(a) Residence, No. 1325 So 11, St. 02 Ward. (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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Abt 1872 unknown
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
Abt 60 unknown

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Soldier
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Can Co. 58
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, Mo

FATHER 13. NAME John Schmeiser

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

MOTHER 15. MAIDEN NAME Margaret Gruber

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

17. INFORMANT (ADDRESS) H. C. Schmeiser

18. BURIAL, CREMATION, OR REMOVAL St. Paul Churchyard 95-27-32

19. UNDERTAKER (ADDRESS) H. C. Mondell

20. FILED May 26 1932 Max C. Stanley Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-24, 1932

22. I HEREBY CERTIFY, That I attended deceased from 2-16, 1932 to 5-24, 1932

I last saw him alive on 5-12, 1932 Death is said to have occurred on the date stated above, at 5 P. m.

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

Chronic Myocarditis
Sen. Debility
Other contributory causes of importance: 93C

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

(Signed) O. J. Klaepfel M. D.
(Address) 905 Harrison St.

