

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

Do not use this space.

30605

**1. PLACE OF DEATH**

County St. Louis  
Township  
City

Registration District No. 79  
Primary Registration District No. 1017  
(No. City In formal  
5800 Arsenal St.)

File No. ....  
Registered No. 8268  
St. .... Ward)

**2. FULL NAME**

Mike Schmidt  
(a) Residence, No. 1111 No. 7th St. St. 13 Ward.

(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 M. 4. COLOR OR RACE W. 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) 6-10-1864  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
68 3 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor 2 31  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
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) Russia

13. NAME Mike Schmidt

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

15. MAIDEN NAME Victoria Lunda

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

17. INFORMANT Marie Ellinger (ADDRESS) 5800 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery Sept 15 1932

19. UNDERTAKER W. H. ... (ADDRESS) ...

20. FILED SEP 14 1932

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-12-1932  
22. I HEREBY CERTIFY, That I attended deceased from Aug 18, 1932, to Sept 12, 1932  
I last saw him alive on Sept 12, 1932 Death is said to have occurred on the date stated above, at 11:30 m.  
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset 1930?  
935  
820  
162  
Other contributory causes of importance:  
Left Paralysis  
Senility  
Apoplexy

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there 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? no  
If so, specify .....  
(Signed) Albert A Ward M. D.  
(Address) 5600 Arsenal St.

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.

