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

Do not use this space.

33792

File No.

Registered No. 9092

1. PLACE OF DEATH

County

Township

City St. Louis Mo (No. 2211 S. 11 St. St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Adam Schmidt

(a) Residence. No. St. 23 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 6 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	9	6	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Barber 226
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Own Business

9. BIRTHPLACE (CITY OR TOWN) Austria
(STATE OR COUNTRY) Hungary

PARENTS

10. NAME OF FATHER Adam Schmidt

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Austria
(STATE OR COUNTRY) Hungary

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

14. INFORMANT Katie Schmidt
(Address) 2211 S. 11 St.

15. FILED OCT 13 1932 Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 12 1932

17. I HEREBY CERTIFY, That I attended deceased from October 9, 1932, to Oct. 12, 1932, that I last saw him alive on Oct. 11, 1932, and that death occurred, on the date stated above, at 3:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
Hr. 48
Temp 101
(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) Arterial Hypertension
(duration) 2 yrs. 2 mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? No. DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Albert Habermann, M. D
Oct. 12, 1932 (Address) 3817 Cleveland Ave

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
St. C. & Paul Cem.	Oct 15 1932

20. UNDERTAKER	ADDRESS
Wm. J. Robert Grand 1905 S.	Wm. J. Robert

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.