

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

Do not use this space.

5031

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Kaw Primary Registration District No. _____
City Kansas City (No. St Marys Hospital)

File No. _____
Registered No. 502
St. _____ Ward _____

2. FULL NAME John Schmedinghoff

(a) Residence, No. 3106 Brooklyn St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 48 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) Widowed |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rose Schmedinghoff | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 19, 1868 | | |
| 7. AGE YEARS 64 | MONTHS 5 | DAYS 16 |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant | | |
| 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) Cincinnati Ohio | | |
| 13. NAME Unknown | | |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany | | |
| 15. MAIDEN NAME Unknown | | |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany | | |
| 17. INFORMANT Mrs Geo. Hucke (ADDRESS) 3106 Brooklyn | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE St Marys Cem DATE Feb 6, 33 , 19 | | |
| 19. UNDERTAKER Wagner Funeral Home (ADDRESS) 204 W. Linwood | | |
| 20. FILED 2/4 19 33 M. M. Browne Arch Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb 4, 1933** 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1932, to Feb 4, 1933
I last saw him alive on Feb 4, 1933. Death is said to have occurred on the date stated above, at 8:15A m.
The principal cause of death and related causes of importance were as follows:
Bronch Pneumonia
of 50
Date of onset **2/1/33**

Other contributory causes of importance:
Carcinoma of the Throat
Date **6/1/32**

Name of operation _____ Date of _____
What test confirmed diagnosis? Autopsy 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) **H. P. Reuliss**, M. D.
(Address) **1215 Rialto Bldg**

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.

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~~Princeton~~

~~Jan 1848~~

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5-21 Trust

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