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.

MAY 24 1933

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

Do not use this space.

14383

1. PLACE OF DEATH
County St. Louis — Registration District No. 785 — File No.
Township Bonhomme — Primary Registration District No. 6031 — Registered No. 105
City — (No. Near McKelvey Road & Creve Coeur Track St. Ward)

2. FULL NAME Frank Schmidt
(a) Residence, No. 3939 Sullivan St., Ward. St. Louis Mo.
(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: 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 Johanna Schmidt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 22 1856

7. AGE: YEARS 76 — MONTHS 7 — DAYS 7 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retail Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocer
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) Germany

FATHER
13. NAME Carl Schmidt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Johanne Vendt
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) John Schmidt 3939 Sullivan Ave. St. Louis

18. BURIAL, CREMATION, OR REMOVAL
PLACE Maryland Heights DATE May 2 1933

19. UNDERTAKER (ADDRESS) Biedermeier Funeral Home 1936 St. Louis Av.

20. FILED 4-30 1933 C. E. Barnett M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 1-150 m.
The principal cause of death and related causes of importance were as follows:

Chr. Myo-carditis, Chr. Angina Pectoris stating suffering from same 10 yrs. Coronary sclerosis Chr. Generalized arterio-sclerosis with history of Chr. hypertension

Date of onset

Other contributory causes of importance:
an acute hemorrhagic occlusion of Coronary artery. Senility age 77.

Name of operation none. 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? no 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) Luke B. Tiernon, M.D.
(Address) 3718 Jennings Rd
Coroner, St. Louis, Co., Mo.