

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

Do not use this space.

**21308**

**1. PLACE OF DEATH**

County..... Registration District No. 797  
Township..... Primary Registration District No. 7002  
City St. Louis Mo No. 983 Laengle St

File No.....  
Registered No. 5091  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 4083909gr St. 1 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 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 Mary Schmidt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 28 - 1857

7. AGE YEARS 76 MONTHS - DAYS 11 If LESS than 1 day, .....hrs. or .....min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engraver  
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) St. Louis Mo.

13. NAME Boniface Schmidt

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

15. MAIDEN NAME Juliana Kern

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

17. INFORMANT William Schmidt Jr (ADDRESS) 2207 Osage St

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter & Paul DATE June 12, 1933

19. UNDERTAKER Geo J. Hoffmeister (ADDRESS) 4016 Washington St

20. FILED N 11 1933 J. W. Bredek Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6 - 8 - 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-17-33, 1933, to 6-8-33, 1933.

I last saw him alive on 6-5-33. Death is said to have occurred on the date stated above, at 12:15 PM

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

Myocarditis Chronic  
Arterio-sclerosis  
930

Other contributory causes of importance:

Name of operation None Date of -  
What test confirmed diagnosis Phys. H. 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? \_\_\_\_\_

If so, specify \_\_\_\_\_  
(Signed) A. H. Hoffman M. D.  
(Address) 3918 S. Grand Bl.

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.

