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.

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

Do not use this space.

24614

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 6008

City St. Louis, Mo. (No. 2317, N. 14th. St. ..... Ward)

2. FULL NAME William Schmidt

(a) Residence, No. 2317 N. 14th. St., N Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 46 yrs. 2 mos. 16 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 21, 1887

7. AGE: Years 46, Months 2, Days 16. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist Helper
9. Industry or business, in which work was done, as silk mill, saw mill, bank, etc. City Water Works
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, Missouri

FATHER

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

MOTHER

15. MAIDEN NAME Barbara Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mamie Schmidt 2317 N. 14th St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemetery DATE July 10, 1933

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

20. FILED JUL 10 1933, 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 th, 1932, to July 7th, 1933
I last saw h. 1 m. alive on July the 7th, 1933. Death is said to have occurred on the date stated above, at 11:08 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
23A	
23	

Other contributory causes of importance:

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? .....
If so, specify .....
(Signed) Reinhold Rosler, M. D.
(Address) 3314 S. Grand Blvd

Dr. R. Passe
3314 S. Grant
10-12

(3931 Conn.)