

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

Do not use this space.

25260

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **3**
 City **St. Louis, Mo.** (No. **3732 a** S. Grand Blvd. St. Ward)

File No.
 Registered No. **6746**

2. FULL NAME John A. Schmitt

(a) Residence, No. **3732 S. Grand, Blvd.** St. **16** Ward. (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) **Married**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Polly Jane Schmitt**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **September 5th 1873**

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
59	10	25	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Funeral Director
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Owner Hauok-Schmitt Funeral Home.
	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Mo.**

13. NAME **Philip A. Schmitt**

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

15. MAIDEN NAME **Lizzie Menges**

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

17. INFORMANT **Mrs Polly Jane Schmitt** (ADDRESS) **3732 a S. Grand Blvd.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Sunset Burial Pk.** DATE **August 3rd 1933**

19. UNDERTAKER **Hauok & Schmitt** (ADDRESS) **3732 S. Grand Blvd.**

20. FILED **1933** **J. T. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 30th 1933**

22. HEREBY CERTIFY, That I attended deceased from **June 4**, 19**33**, to **July 30**, 19**33**. I last saw him alive on **July 30**, 19**33**. Death is said to have occurred on the date stated above, at **3.45** m. **p.m.**

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

Chronic myocarditis
 Date of onset **1930**
 Other contributory causes of importance: **hypertensive chronic**

Name of operation..... 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?..... 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) **Robert M. Miller** M. D.
 (Address) **3115 S. Grand Blvd.**

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. AUG 20 1933

