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.

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 34965

Township ..... Primary Registration District No. 3 Registered No. 9146

City St. Louis, Mo. (No. ....., Sanitarium St. ..... Ward)

2. FULL NAME John Schmoeller

(a) Residence, No. ~~2020 Gravois Ave.~~ 23 Ward. (If nonresident, give city or town and State)
(Usual place of abode) 2627 Nebraska Ave

Length of residence in city or town where death occurred 21 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: Mary Schmoeller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 17-1881

7. AGE: YEARS 52 | MONTHS 3 | 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.: Treasurer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Theater
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): Alton Illinois

FATHER

13. NAME: J. William Schmoeller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany

MOTHER

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

17. INFORMANT (ADDRESS): W. F. McNamee M.D. 5400 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE ~~New St. Marcus~~ VALHALLA DATE Oct 26 1933

19. UNDERTAKER (ADDRESS): Wacker-Helderle 2331 Broadway

20. FILED OCT 24 1933 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 23rd, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 3rd, 1932, to Oct 23rd, 1933

I last saw him alive on Oct 23rd, 1933. Death is said to have occurred on the date stated above, at 11 A.m.

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

	Date of onset
34	
93C	
Central Nervous System Sues	10/3/32 +
34	
Other contributory causes of importance:	
Chronic Myocarditis	10/3/32 +
8	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical 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) William F. McNamee M. D.

(Address) 5400 Arsenal St.