

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

Do not use this space.

42223-7

1. PLACE OF DEATH

County
Township
City St. Louis

Registration District No. 791
Primary Registration District No. 1003
(No. 5422 Virginia Ave.)

File No.
Registered No. 1713
St. Ward

2. FULL NAME

August F. Schmidt

(a) Residence, No. 5422 Virginia Ave. St. 15 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 Victoria Schmidt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 7th. 1850

| | | | | |
|--------|-----------|----------|-----------|--|
| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
| | <u>83</u> | <u>3</u> | <u>22</u> | |

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheet metal worker
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) Germany

MOTHER 13. NAME Aug. Schmidt

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

15. MAIDEN NAME Not-known

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

17. INFORMANT Victoria Schmidt (ADDRESS) 5422 Virginia Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Old S.S.P.P. DATE Jan. 2nd. 1934

19. UNDERTAKER H. Schumacher (ADDRESS) 3013 Meramec Street

20. FILED JAN - 1 1934 J. Predeck Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from July 16, 1933 to Dec 29, 1933
Last seen alive on Dec 27, 1933 Death is said to have occurred on the date stated above, at 10/40pm

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

Chronic nephritis
Paralysis
Senile

Name of operating physician Date of
What test confirmed diagnosis? Urinalysis 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 Yes
(Signed) Geo. W. Baden M. D.
(Address) 5836 E. Washington

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.

1934

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5832 & Virginia