

FEB 24 1934

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

Do not use this space.

7334

1. PLACE OF DEATH

County St. Louis Registration District No. 1123
Township Carondelet Primary Registration District No. 6248B
City Jeff. City, Mo. Veterans Hospital St. _____ Ward _____

File No. _____
Registered No. 35

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward Valmeyer Ill
(Usual place of abode)
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.
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Elsie</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>January 2 1889</u>		
7. AGE YEARS <u>45</u>	MONTHS <u>10</u>	DAYS <u>2</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		
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) <u>St. Louis, Mo.</u>		
13. NAME <u>Henry Schmeltz</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Uniontown</u>		
15. MAIDEN NAME <u>Elizabeth Miller</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Uniontown</u>		
17. INFORMANT (ADDRESS) <u>Elsie Jaenke Schmeltz Valmeyer Ill</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Valmeyer, Ill.</u> DATE <u>Feb. 5 - 1934</u>		
19. UNDERTAKER (ADDRESS) <u>Wm. Miller #254 Lindbergh Blvd</u>		
20. FILED <u>Feb 5 1934 D. G. Dale M.D.</u> Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 4 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 4 1934 to Feb 4 1934
I last saw him alive on Feb 4 1934. Death is said to have occurred on the date stated above, at 1:45 p.m.
The principal cause of death and related causes of importance were as follows:
Cerebral apoplexy
This pt. died at Veterans Hospital
arteriosclerosis & hypertension
Other contributory causes of importance:
arteriosclerosis & hypertension
Name of operation none Date of _____
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicidal? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify when 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) H. F. Bergman M. D.
(Address) 3720 W. of W.ington

WRITE PLAINLY, WITH UNFAADING 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.

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AUG 2 1948