

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

Do not use this space.

APR 25 1934

PLACE OF DEATH

County.....
Township.....
City..... (No.) Registration District No. **791**
Primary Registration District No. **1003**

File No. **10884**
Registered No. **2734**
St. Ward)

2. FULL NAME **18970 Jacob Schmitt**
(a) Residence, No. **118 E Schumers** Ward. **1**
(Usual place of abode)
Length of residence in city or town where death occurred **70** yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **M** 4. COLOR OR RACE **W** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 30, 1862**
7. AGE YEARS **76** MONTHS **8** DAYS **17** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Barber**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Retired**
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 Mo**

13. NAME **Antonie Schmitt**

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

15. MAIDEN NAME **Rupp**

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

17. INFORMANT (ADDRESS) **May Lutz Mether City Mo**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St Henry Park Cem.** DATE **March 20 1934**

19. UNDERTAKER (ADDRESS) **C. J. Hoffmeister Work Co. 1844 La. Broadway**

20. FILED **1934** **J. Brebeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **3/17 1934**
22. I HEREBY CERTIFY, That I attended deceased from **10/1 1933** to **3/17 1934**
I last saw him alive on **3/17 1934** Death is said to have occurred on the date stated above, at **7:25** p.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Palate with metastases to neck + face. Date of onset

Other contributory causes of importance: **Chronic myocarditis**

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

What test confirmed diagnosis? **Clinical** Was there an autopsy? **Yes**

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) **Henry J. D... M. D.**
(Address) **City of St. Louis**

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.

RECORD WITH OBTAINING INFORMATION IS A PERMANENT RECORD

