

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

Do not use this space.

**1. PLACE OF DEATH**

County.....  
Township.....  
City..... *St. Louis Mo.* (No. ....)

Registration District No. **791**  
**1003**  
Primary Registration District No. ....

File No. ....  
Registered No. **18611**  
**5104**  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. *6429 West Park St.* Ward. *4*  
(Usual place of abode)

Length of residence in city or town where death occurred *60* 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 *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF .....  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Apr. 6, 1858*  
7. AGE YEARS *76* MONTHS *1* /DAYS *16* If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Brick setter*  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Press Brick Co.*  
10. Date deceased last worked at this occupation (month and year) *undetermined* 11. Total time (years) spent in this occupation *45 yrs.*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Montgomery County Illinois*

13. NAME *Unknown*

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

15. MAIDEN NAME *Unknown*

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

17. INFORMANT *A. Schmeisinger* (ADDRESS) *5400 Arsenal*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Catholic Cem.* DATE *5-23-34*

19. UNDERTAKER *Fitzgibbon Mortuary* (ADDRESS) *4104 Franklin*

20. FILED *21* 1934, 19. *J. Brebeck* Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 21*, 193*4*

22. I HEREBY CERTIFY, That I attended deceased from *March 19*, 19*34*, to *May 21*, 193*4*

I last saw him alive on *May 21*, 193*4* Death is said to have occurred on the date stated above, at *3:55* A.M.

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

*chronic Myocarditis* 3/19/34  
*arterio sclerosis*  
*chronic nephritis*  
Other contributory causes of importance:  
*Senility*  
*131*

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?.....

If so, specify.....  
(Signed) *Clifford A. Schmeisinger* M. D.  
(Address) *5400 Arsenal*

JUN 1 9 1934

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.

