

**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**
 Township Primary Registration District No. **1003**
 City *St. Louis Mo.* (No. *St. John's Hospital*) St. Ward)

File No.
 Registered No. **26749**
6936

2. FULL NAME *William Schmitz*

(a) Residence, No. *1304 Graham* St. *4* 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 <i>M</i>	4. COLOR OR RACE <i>W</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Elizabeth Schmitz</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Oct. 9 1887</i>		
7. AGE	YEARS <i>46</i>	MONTHS <i>9</i>
	DAYS <i>5</i>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Conductor</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Public Service Co.</i>	
	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) <i>St. Liberty Ill</i>		
FATHER	13. NAME <i>George Schmitz</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Liberty Ill</i>	
MOTHER	15. MAIDEN NAME <i>Elizabeth Keller</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Liberty Ill</i>	
17. INFORMANT <i>Elizabeth Schmitz</i> (ADDRESS) <i>1304 Graham W.</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>St. Liberty Ill</i> DATE <i>July 17</i> 19 <i>34</i>		
19. UNDERTAKER <i>Kriegshauer Mortuaries</i> (ADDRESS) <i>42208 N. Kingshighway Blvd</i>		
20. FILED <i>UL 10 15 34</i> <i>J. J. Bredeck</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 14* 19*34*

22. I HEREBY CERTIFY, That I attended deceased from *5/6/34* 19..... to *7/14/34* 19.....

I last saw him alive on *7/14/34* 19..... Death is said to have occurred on the date stated above, at *4:20* a.m.
 The principal cause of death and related causes of importance were as follows:

C/S
 1. Pneumatic endocarditis (2)
56 yr old heart with
 2. Septic phlebitis of *1/16*
 Other contributory causes of importance *post. Embolic origin*
92W

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? *no*

If so, specify
 (Signed) *V. J. Mack* M. D.
 (Address) *Beaumont Bldg*
St. Louis

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. AUG 16 1934

Parish 3720 Washington

2-1800 - 226020

2-4 P.M. 517

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