

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

Do not use this space.

**1. PLACE OF DEATH**

County

SEP 23 1934

Registration District No.

791

Township

Primary Registration District No.

1003

City

St. Louis

(No.

De Paul Hosp

File No.

31062

Registered No.

8330

St.

Ward)

**2. FULL NAME**

(a) Residence (No. & St.)

(Usual place of abode)

Joseph A. Schmidt

13907 E. H. Newstead Ave. 10

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

Laura (Synok) Schmidt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Jan. 11 - 1878

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

56

7

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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Auto repairs

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)

Ill.

13. NAME

Win Schmidt

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

Ill.

15. MAIDEN NAME

Theresa Heldgrew

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

Ill.

17. INFORMANT (ADDRESS)

Laura Schmidt 13907 E. H. Newstead Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Peter & Paul DATE August 13 1934

19. UNDERTAKER (ADDRESS)

Primmberg & Co 4740 St. Louis Ave.

20. FILED

AUG 15 1934 J. P. Boredeck Registrar

**3 MEDICAL CERTIFICATE OF DEATH**

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

Aug 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from

July 29th, 1934 to Aug 12th, 1934

I last saw him alive on Aug 12, 1934 Death is said to have occurred on the date stated above, at 12 a.m.

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

Staphylococcus Septicemia  
185 Abomas. Pericarditis

Date of onset

1918  
36 1942 354

Other contributory causes of importance:

Staphylococcus Infection of the 4th middle finger of hand and foot as in

Name of operation

What test confirmed diagnosis Laboratory Was there an autopsy yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury July 20, 1934

Where did injury occur? St. Louis City (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury At Home

Nature of injury Cor. Soda bottle. Mashed by Ice bucket Laceration and Contusion

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. P. Boredeck, M. D.

(Address) 2745 7th Grand

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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Promsclwig und Co.