

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

Do not use this space.

SEP 13 1934

31127

1. PLACE OF DEATH

County.....

Registration District No. **791**

File No.

Township.....

Primary Registration District No. **1003**

Registered No. **8424**

City *St. Louis* (No. *1989*)

Ward *11*

St. Ward

2. FULL NAME

(a) Residence, No. *8322 1/2*
(Usual place of abode) *Church Rd.*

Ward *11*

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *16* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Joseph Schmidt*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 17 1884*

7. AGE YEARS *50* MONTHS *1* DAYS *29* If LESS than 1 day, hrs. or min.

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

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) *Uniontown Missouri*

13. NAME *Aug. Demmer*

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

15. MAIDEN NAME *Paulina Fuchler*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Uniontown Mo.*

17. INFORMANT *Dr. J. P. Kent*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Uniontown Mo.* DATE *Aug 19 1934*

19. UNDERTAKER *Geiderer & Sons*

20. FILED *1934*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *8/16/34*, 19

22. I HEREBY CERTIFY, That I attended deceased from *8/10*, 19*34*, to *8/16*, 19*34*

I last saw her alive on *8/16*, 19*34* Death is said to have occurred on the date stated above, at *5:30* a.m.

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

Maine Depressive Psychosis
1077A
9/10 1077A

Other contributory causes of importance *Bacterial Pneumonia*

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

What test confirmed diagnosis?..... Was there an autopsy?.....

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) *L. A. Methan*, M. D.

(Address).....

Registrar.

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.

DEPARTMENT RECORD

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