

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

Do not use this space.

1. PLACE OF DEATH

SEP 13 1934

County

Registration District No.

7911

31463

Township

Primary Registration District No.

1003

File No.

8790

City

(No.)

St. Anthony Hospital

St.

Ward)

2. FULL NAME

Henry Schmeltz

(HENRY SCHMELTZ)

(a) Residence, No.

515 W. Parkway

St.

Ward.

(Usual place of abode)

(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

Mary Schmeltz

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

Sept. 22 - 1871

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

62

11

9

OCCUPATION

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

Stationary Fireman

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)

St. Louis Mo.

MOTHER

13. NAME

Bernard Schmeltz

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

Germany

15. MAIDEN NAME

Unknown

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

Unknown

17. INFORMANT (ADDRESS)

Mary Schmeltz
515 W. Parkway St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE West Hope Cem DATE Sept. 3 1934

19. UNDERTAKER (ADDRESS)

Jr. P. Fugler, Jr.
7128 Michigan

20. FILED

ULT

19

19

J. H. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

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

Aug 31 1934

22. I HEREBY CERTIFY, That I attended deceased from

8/27 1934 to 8/31 1934

I last saw him alive on 8/31 1934 Death is said

to have occurred on the date stated above, at 10:40 a.m.

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

Generalized septic thrombi
General Peritonitis
Septic Myocarditis
Peritonitis caused by gangrene of abdomen which was caused by embolic
Other contributory causes of importance:
Chronic endocarditis

Date of onset

8/20/34

8/20/34

8/29/34

Name of operation Embolotomy Date of 8/27/34

What test confirmed diagnosis? Operative 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

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) Durand Benjamin, M. D.

(Address) 7408 Michigan

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

1904-11-24-33

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.

