

FEB 21 1935

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

Do not use this space.

3560  
870

1. PLACE OF DEATH

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City St. Louis Mo (No. City, Sanitarians St. Ward)

2. FULL NAME William Schmitz

(a) Residence, No. 3128 S. Campbell, 16 Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred 54 yrs. 6 mos. 03 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Schmitz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 29 1888

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
54 6 03

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoe Mfg.

10. Date deceased last worked at this occupation (month and year) about 2-1917 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

13. NAME Anton Schmitz

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

15. MAIDEN NAME Phena

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

17. INFORMANT Henry C. Allen (ADDRESS) 5300 Arsenal St

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus DATE Jan. 25 1935

19. UNDERTAKER Meich Bros (ADDRESS) 2201 S. Central Blvd

20. FILED JAN 21 1935 J. F. Brebeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 22 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1934, to Jan 22, 1935. I last saw him alive on Jan 22, 1935. Death is said to have occurred on the date stated above, at 6:30 Am.

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

Hypertensive Heart Disease with congestive heart failure

Date of onset 1/9/35

Other contributory causes of importance chronic & fatal nephritis

Name of operation..... Date of..... What test confirmed diagnosis?..... 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? Yes..... If so, specify.....

(Signed) Henry C. Allen, M. D. (Address) 5300 Arsenal

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.

OCCUPATION  
FATHER  
MOTHER

