JUN 1 8 1935

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

Do not use this space.

15653

File No.

Registered No. 542

1. PLACE OF DEATH

County Buchanan — Registration District No. 85

Township — Primary Registration District No. 1001

City St. Joseph, Mo. (No. 2310 Sd 4 St. Ward)

2. FULL NAME LOUIE FRITZ SCHMIDT

(a) Residence, No. 2310 S. 4 th. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF MAE SCHMIDT

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 23, 1887

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
47	9	20	

60

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C.B.&Q.

10. Date deceased last worked at this occupation (month and year) April 1935. 11. Total time (years) spent in this occupation 14

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hickman, Nebr.

FATHER

13. NAME Herman Schmidt

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) MAE SCHMIDT. 2310 S. 4 th.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Green Cemetery DATE 5/15/35, 19

19. UNDERTAKER (ADDRESS) Fleeman Mortuary Inc. 1946 Calhoun

20. FILED 5-15, 1935 John R Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr. 5, 1935, to May 13, 1935

I last saw h. alive on May 12, 1935. Death is said to have occurred on the date stated above, at 1:30 A m.

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

	Date of onset
Syphilitic heart disease	unknown
34	
Other contributory causes of importance:	
Syphilis, latent	1897

Name of operation Date of

What test confirmed diagnosis? Exam & Lab 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, 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) E. M. Shores, M. D.

(Address) 317 Kirkpatrick Bldg St. Joseph Mo

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.