

JUN 12 1935

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

Do not use this space.

18142

1. PLACE OF DEATH

County.....
Township.....
City ST. LOUIS

Registration District No. 791
Primary Registration District No. 1003
(No. 7727 Vermont Ave.)

File No.....
Registered No. 4486
St. Ward)

2. FULL NAME

Joseph Schmeltz
(a) Residence, No. 7727 Vermont Ave St. 1 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 Anna Schmeltz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 27 - 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 8 20

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

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

13. NAME Henry 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) Anna Schmeltz 7727 Vermont Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem DATE May 21 1935

19. UNDERTAKER (ADDRESS) Dr. P. Finkler, Jr. 7128 Michigan Ave

20. FILED NOV 26 1935 19 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18 1935

22. I HEREBY CERTIFY, That I attended deceased from April 20 1935 to May 18 1935. I last saw him alive on May 18 1935. Death is said to have occurred on the date stated above, at 49 m.

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

mitral Regurgitation Date of onset not known

Other contributory causes of importance: none

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? no

If so, specify (Signed) A. E. Tineh M. D.
(Address) 2540 W. Jefferson Ave

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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