

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.

NOV 31 1935

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

Do not use this space.

33126

1. PLACE OF DEATH

County Jefferson Registration District No. 421  
Township Boachum Primary Registration District No. 3575  
City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 78

2. FULL NAME

(a) Residence, No. \_\_\_\_\_ 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 <u>M.</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widow of G.P. Meng</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 26 - 1857</u>		
7. AGE	YEARS <u>78</u>	MONTHS <u>7</u>
	DAYS <u>10</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Wife</u>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>House Wife</u>	
	10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Marion Ill.</u>		
FATHER	13. NAME <u>Fredrick Schmidt.</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Elizabeth Titus</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT <u>Emily McRabb, mo.</u> (ADDRESS) <u>St. Louis</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Frienduthem Cemetery</u> DATE <u>Oct 9th 1935</u>		
19. UNDERTAKER <u>Fred H. Heiligtag, mo. RR #2</u> (ADDRESS) <u>St. Louis</u>		
20. FILED <u>11/10 1935</u> <u>J. E. Rutledge</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 6th, 1935

22. I HEREBY CERTIFY, That I attended deceased from January 1st, 1935, to October 6th, 1935  
I last saw him alive on Oct 6th, 1935 Death is said to have occurred on the date stated above, at 11-150 m.  
The principal cause of death and related causes of importance were as follows:  
Angina Pectoris Date of onset death  
940  
Other contributory causes of importance:  
Myocarditis

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) Dr. O. E. Hrusley, M. D.  
(Address) Horewomon Mo

