

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.

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

Do not use this space.

MAY 27 1936

18025

1. PLACE OF DEATH

County St. Louis Registration District No. 1123  
Township Carondelet Primary Registration District No. 6248B File No. \_\_\_\_\_  
City \_\_\_\_\_ (No. 97-15th. W. 9.) Registered No. 140 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Fred Schmitt  
(a) Residence, No. Cabville Mo St. \_\_\_\_\_ 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 Sophie Schmitt  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 27 1863  
7. AGE YEARS 73 MONTHS 1 DAYS 7 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

MOTHER / FATHER 13. NAME John Schmitt

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

15. MAIDEN NAME Elizabeth Michenfelder

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

17. INFORMANT Sophie Schmitt (ADDRESS) Cabville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joseph DATE April 8 1936

19. UNDERTAKER (ADDRESS) Fendler Undertaking Co. 744 Lemay Ferry Rd.

20. FILED April 7 1936 J. Mours Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 5 1936  
22. I HEREBY CERTIFY, That I attended deceased from Nov 6 1930 to Apr 5 1936  
I last saw him alive on Dec 5 1935 Death is said to have occurred on the date stated above, at 3:30 PM.  
The principal cause of death and related causes of importance were as follows:

Chronic Interstitial nephritis. Date of onset not known

Other contributory causes of importance: Chronic Bronchitis

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) Waldorff, M. D.  
(Address) Jefferson R. S. Co.

