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.

JUL 16 1936

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

Do not use this space.

22100

1. PLACE OF DEATH

County BUCHANAN — Registration District No. 35 — File No.

Township WASHINGTON TP — Primary Registration District No. 1001 — Registered No. 871

City ST. JOSEPH, MO. (No. 5625 SOUTH SECOND ST. St. Ward)

2. FULL NAME EUGENE SCHMALTZ

(a) Residence, No. 5625 SOUTH SECOND ST. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 HUSBAND OF LOUISA

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV, 30, 1864

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	71	6	29	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. MORRIS PACKING CO.

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

FATHER

13. NAME HERMAN SCHWARTZ

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

MOTHER

15. MAIDEN NAME UNKNOWN

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

17. INFORMANT (ADDRESS) LOUISA SCHMALTZ

18. BURIAL, CREMATION, OR REMOVAL
PLACE MEMORIAL PARK CEM DATE JULY 1, 1936 19

19. UNDERTAKER (ADDRESS) FLEEMAN & SON, INC. 1946 COLTOWN ST.

20. FILED June 30 1936 R. J. Nettlebush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE 29, 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from June, 1936, to June 29, 1936

I last saw him alive on JUNE 29, 1936, 19 Death is said to have occurred on the date stated above, at 3:05 P.M.

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

	Date of onset
Tabes Dorsalis	unknown
(Tabes Dorsalis)	

Other contributory causes of importance: None

Name of operation NONE Date of

What test confirmed diagnosis? Clinical 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) John L. Byrne, M. D.

(Address) St. Joseph Mo