

JUL 14 1936

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

Do not use this space.

24246

1. PLACE OF DEATH

County ..... Registration District No. **791**  
Township ..... Primary Registration District No. **1003**  
City *St. Louis, Mo.* (No. *St. Anthony, Mo.*)

File No. ....  
Registered No. **5856**  
St. .... Ward)

2. FULL NAME

*Geo. Schmaltz*  
(a) Residence, No. *Buckley Rd.* St. *N.P.* Ward. *Jefferson Barracks, Mo.*  
(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 *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 *Julia Schmaltz*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 19, 1889*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
*67* *14*

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. *at home*  
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) *Mo.*

FATHER 13. NAME *Andrew Schmaltz*  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

MOTHER 15. MAIDEN NAME *Margarette Waerther*  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

17. INFORMANT (ADDRESS) *Julia Schmaltz*  
*Buckley Rd.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Mt Olive* DATE *June 6/36* 19

19. UNDERTAKER (ADDRESS) *Gendley Und Co*  
*744 Lemay Ferry Rd*

20. FILED **JUN 5 1936** *Jt Bredek*  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *6-3* 19 *36*

22. I HEREBY CERTIFY, That I attended deceased from *January* 19 *34*, to *June 6* 19 *36*  
Last saw him alive on *June 5* 19 *36* Death is said to have occurred on the date stated above, at *5:30 A.M.*  
The principal cause of death and related causes of importance were as follows:

*Empyema of Gall Bladder with intestinal obstruction* Date of onset *5/25/36*

Other contributory causes of importance: *Myocarditis Chronic*

Name of operation *Exploratory laparotomy* Date of *6-1-36*  
What test confirmed diagnosis? ..... 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 *Frank F. Luck* M. D.  
(Signed) *Frank F. Luck*  
(Address) *Stanton, Mo.*

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

