

JAN 10 1937

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

Do not use this space.

46590

1. PLACE OF DEATH

County.....
Township.....
City St. Louis, Mo. (No. De Paul Hosp.)

Registration District No.....
Primary Registration District No.....

791
1008

File No.....
Registered No. 12381
St..... Ward.....

2. FULL NAME

Karl Schmidt

(a) Residence, No. 4. W. Diamond Drive St.
(Usual place of abode)

N.R. Ward.

Riverview Gardens Mo.
(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 Devota Schmidt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 10th. 1875

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
61 10 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wall paper Cleaner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
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

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. Devota Schmidt
(ADDRESS) 4. W. Diamond Drive

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem DATE Dec. 18, 1936

19. UNDERTAKER Henry Leidner & Co
(ADDRESS) 1417 N. Market St.

20. FILED DEC 17 1936 J. P. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 15, 36, 19

22. I HEREBY CERTIFY, That I attended deceased from 12/13, 1936, to 12/15, 1936
I last examined him alive on 12/16/36, 1936. Death is said to have occurred on the date stated above, at 7:35 a.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma Liver Stomach Date of onset 1 yr
Primary seat unknown
Other contributory causes of importance:
None

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? Yes

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? Yes
If so, specify.....
(Signed) J. P. Chopin, M. D.
(Address) 8321 W. 13th Ave

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.

Dr. Chapin
8321 Newry