FEB 23 1937

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123 — File No. 4412

Township Carondelet — Primary Registration District No. 6248 B3 — Registered No. 6

City Jefferson Barracks (No. Veterans, Administration Facility / St. ..... Ward)

2. FULL NAME Willie SCHMIEMEIER

(a) Residence, No. 625 S. Main St., ... Ward. St. Charles, Missouri
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Un yrs. kn mos. own 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	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF - - -

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 19, 1893

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	43	10	18	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) Unavailable

11. Total time (years) spent in this occupation Unav.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles County Missouri

FATHER

13. NAME Unavailable

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

MOTHER

15. MAIDEN NAME Unavailable

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

17. INFORMANT M. Schillig
(ADDRESS) Clinical Clerk, Jeff. Brks., Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Charles, Mo. DATE January 7, 1937

19. UNDERTAKER C. HOFFMEISTER UNDERTAKING & LIVERY CO.
(ADDRESS) 7814 S. Broadway, St. Louis, Mo.

20. FILED Jan. 7, 1937 G. Mowry
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from December 15, 1937 to January 7, 1937

I last saw him alive on January 7, 1937. Death is said to have occurred on the date stated above, at 3:35 a.m.

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

	Date of onset
Carcinoma of Pancreas with extension to liver	Unkn.
Other contributory causes of importance:	
Bronchopneumonia, left lung	Unkn.

Name of operation None Date of -

What test confirmed diagnosis? Clinical manifestations, x-ray and autopsy findings 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? .....

If so, specify .....

(Signed) C. M. HUGHES, M.D., Chief Med. Officer

(Address) Vet. Adm. Fac., Jeff. Brks., Mo.

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.