

MAR 28 1937

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

Do not use this space.

1. PLACE OF DEATH

County St CharlesRegistration District No. 757File No. 7867

Township

Primary Registration District No. 3036Registered No. 42City St Charles(No. 733, North Third)

St. _____ Ward _____

2. FULL NAME

Louis Henry Schmidt(a) Residence, No. St Charles St. _____ Ward _____

(Usual place of abode)

(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) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sara Jane Deabner6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 14th 18567. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 80 11 78. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Day Laborer

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) Cottleville Mo.13. NAME Don't know

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

15. MAIDEN NAME " "

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

17. INFORMANT (ADDRESS) Alcar De Roy
St Charles Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Bourbon Co DATE Feb 23rd 193719. UNDERTAKER (ADDRESS) Al C Dallmeyer & Sons Co
800 N. 2nd St Charles Mo.20. FILED 3/73 1937 Clarence H. Treister
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 21st, 193722. I HEREBY CERTIFY, That I attended, deceased from February 7, 1937, to Feb 21st, 1937I last saw him alive on Feb 21st, 1937. Death is saidto have occurred on the date stated above, at 4:50 A m.

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

Lobar pneumonia
with myocardial failureDate of onset
Feb 17, 1937

Other contributory causes of importance:

Extreme cachexia
Generalized arteriosclerosis

Name of operation _____ Date of _____

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 _____

(Signed) George E. Kister, M. D.(Address) 552 Clark; St Charles, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

