

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

Do not use this space.

13-1 & 4 APR 9 1937

1. PLACE OF DEATH

County.....
Township.....
City St. Louis, Mo. (No. city Hosp #1)

Registration District No. **791**
Primary Registration District No. **1003**

File No. **10933**
Registered No. **3507**
St. _____ Ward _____

2. FULL NAME

Paul Schmeltzer (Paul Schmeltzer)

(a) Residence, No. 5410 2nd Kabis St., 7 Ward.

(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 (OR) WIFE OF Margaret

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8/7/1870

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. min.
<u>266</u>	<u>7</u>	<u>23</u>	

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

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

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) Wisconsin

13. NAME Henry Schmeltzer

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

15. MAIDEN NAME Mary von Palyske

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

17. INFORMANT Joseph P. Schmeltzer
(ADDRESS) 4462 Clarence Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Hope Cem DATE April 1, 1937

19. UNDERTAKER C. R. Lupton & Sons
(ADDRESS) 4449 Olive St.

20. FILED MAR 31 1937 J. Breddeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/30/37 . 19

22. I HEREBY CERTIFY, That I attended deceased from 3/22/37 19, to 3/30/37 19.

I last saw him alive on 3/30/37 19. Death is said

to have occurred on the date stated above, at 11:30 m.

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

Cerebral Apoplexy

Other contributory causes of importance:

Arterio Sclerosis
Degenerative Heart Disease

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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) W. Jones M. D.

(Address) City Hosp #1

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.

