MAY 7 1937

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

Do not use this space.

File No. 14591

Registered No. 4087

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis, Mo. (No. 5346 Emerson Avenue St. ..... Ward)

2. FULL NAME Joseph Sebastian Schmid

(a) Residence, No. 5346 Emerson Avenue St., 7 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 26th, 1872

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	64 x	7	21	

OCCUPATION

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

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) Germany

FATHER

13. NAME Mathias Schmid

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

MOTHER

15. MAIDEN NAME Pauline Hauser

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

17. INFORMANT Mrs Anna Schmid
(ADDRESS) 5346 Emerson Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE April 21st, 1937

19. UNDERTAKER John Genteman
(ADDRESS) 5077 Durant Avenue

20. FILED APR 19 1937 J. P. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr. 16, 1937, to Apr. 17, 1937

I last saw him alive on Apr. 16, 1937. Death is said to have occurred on the date stated above, at 9:00 AM

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

	Date of onset
Coronary Thrombosis	4/16/37

Other contributory causes of importance:
Chronic myocarditis
i coronary disease

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?
If so, specify

(Signed) C. C. Clerischmidt, M. D.
(Address) 520 Metropolitan Bldg

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