

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.

MAY 15 1937

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

Do not use this space.

15476

1. PLACE OF DEATH

County Gauley Registration District No. 399  
Township Lean Primary Registration District No. 1002  
City Kansas City (No. 7 C. Gen Hosp)

File No. \_\_\_\_\_  
Registered No. 2052  
St. 1 Ward \_\_\_\_\_

2. FULL NAME

Theodore Schmidt  
(a) Residence, No. 1400 E 65th 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 Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 22 1859

7. AGE YEARS 78 MONTHS 1 DAYS 6 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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

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 Arthur Boehn (ADDRESS) 1400 E 65th

18. BURIAL, CREMATION, OR REMOVAL PLACE Cremation DATE 4-20 1937

19. UNDERTAKER Wagner Funeral Home (ADDRESS) \_\_\_\_\_

20. FILED Apr 29 1937 Registrar M. D. McConroe

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-28 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-25 1937 to 4-28 1937

I last saw him alive on 4-27 1937 Death is said to have occurred on the date stated above, at 5:10 P.M.

The principal cause of death and related causes of importance were as follows: Coronary Sclerosis with myocardial fibrosis

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Other contributory causes of importance: Chronic valvular nephritis

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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) R. P. De Maria M. D.  
(Address) St. K. C. Gen. Hosp. K. C. Mo.

