

AUG - 5 1937

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

Do not use this space.

25831

7005

## 1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....  
St. LouisPrimary Registration District No. 1003  
City Hospital No. 1

File No.

Registered No.

St. Ward)

C. 4387

Frank Schmidt

## 2. FULL NAME

(a) Residence, No. 1831 & Cass St. 26 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 5, 1892

AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
44		8	15	

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.

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) Missouri

13. NAME Julius Schmidt

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

15. MAIDEN NAME Elizabeth ?

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

17. INFORMANT Hosp. Info M. Kent (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Central Union Co DATE 7/24/37

19. UNDERTAKER (ADDRESS) Central Union Co 1847

20. FILED III 231037 J. F. Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/20/37 19

22. I HEREBY CERTIFY, That I attended deceased from 6/29/37 to 7/20/37, 19

I last saw him alive on 7/20/37, 19. Death is said

to have occurred on the date stated above, at 4:30 p.m.

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

Date of onset

Brain Tumor malignant

Other contributory causes of importance: 53c

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? yes23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury....., 19Where 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) Charles J. Farnish, M. D.  
(Address) City Hospital No. 1

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.

