

AUG 30 1937

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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

28208

## 1. PLACE OF DEATH

County St. Charles  
Township Amire  
City (No. ....) St. .... Ward)

Registration District No. 760 A  
Primary Registration District No. 5999

File No. ....  
Registered No. ....

## 2. FULL NAME

Leo Stahlschmidt

(a) Residence, No. 760 A Ward. ....  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 60 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 Mrs. Aurelia Stahlschmidt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 19 - 1868

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
69 4 16

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

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) Lincoln Co. Mo. (STATE OR COUNTRY)

13. NAME August Stahlschmidt

14. BIRTHPLACE (CITY OR TOWN) Do not know (STATE OR COUNTRY)

15. MAIDEN NAME Do not know

16. BIRTHPLACE (CITY OR TOWN) Do not know (STATE OR COUNTRY)

17. INFORMANT Mrs. Aurelia Stahlschmidt (ADDRESS) 760 A

18. BURIAL, CREMATION, OR REMOVAL PLACE St Paul Mo DATE July 8 1937

19. UNDERTAKER E. K. Kittle (ADDRESS) 760 A

20. FILED July 10 - 1937 Gertrude S. Forister Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 5 1937

22. I HEREBY CERTIFY, That I attended deceased from June 25 1937, to July 5 1937. Last saw in alive on July 5 1937. Death is said

to have occurred on the date stated above, at 760 A m. The principal cause of death and related causes of importance were as follows:

Cerebral thrombosis Date of onset June 15-37

Other contributory causes of importance: SB

Name of operation Autopsy Date of 11/2  
What test confirmed diagnosis? Autopsy 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 L. P. Prosemer M. D.  
(Signed) L. P. Prosemer  
(Address) 760 A

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.  
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.

