

OCT 14 1937

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

32965
Do not use this space.

1. PLACE OF DEATH

(a) County 1 Registration District No. 791
(b) Township Primary Registration District No. 1008 Registered No. 9019
(c) City (d) Street No. 2612 CALIFORNIA AV St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 4 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

PAUL N. SCHMITZ
(a) Residence, No. 2612 CALIFORNIA AV St. 23
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 MARY SCHMITZ

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC 1 1868

7. AGE YEARS 68 MONTHS 9 DAYS 24 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. BLACKSMITH.
9. Industry or business in which work was done, as saw mill, bank, etc. RETIRED
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) MO.

13. NAME CHARLES SCHMITZ

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

15. MAIDEN NAME CHRISTINA HUSEGAN

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

17. INFORMANT Edw. Pflugw. (ADDRESS) 2612 California

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Hope Cem DATE SEPT 28 1937

19. FUNERAL DIRECTOR JOS. P. FENDLER, JR. (ADDRESS) 7125 MICHIGAN, AV

20. J. F. Bredeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 25 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 19 1934, 1934, to Sept 25, 1937
I last saw him alive on Sept 25, 1937. Death is said to have occurred on the date stated above, at 12:45 m.
The principal cause of death and related causes of importance were as follows:

Chronic Asthma
Cardial Insufficiency
Other contributory causes of importance:

Chronic Myocarditis
Senility
Name of operation _____ Date of _____
What test confirmed diagnosis? none 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? no
If so, specify _____ (Signed) Dr. R. A. P. Stein M. D.
(Address) 2711 BYAVOIS

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.

1002-1-1002

STATEMENT BY LICENSED EMBALMER

I, Jos. P. Fendler Jr, Licensed Embalmer No. 925

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Jos. P. Fendler Jr

Licensed Embalmer No. 925

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)