

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.

OCT 26 1937

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

35263
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 789
(b) Township Central Primary Registration District No. 6033
(c) City _____ (d) Street No. 2160 Louise Avenue 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 yrs. 5 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 269

2. PRINT FULL NAME

Frederick William Schmidt
(a) Residence, No. 2160 Louise Avenue St. ☐
(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) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 4th 1861

7. AGE YEARS 76 MONTHS 7 DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) 1928 11. Total time (years) spent in this occupation 56 Yrs

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

13. NAME John W. Schmidt

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

15. MAIDEN NAME Matie E. Hagemeyer

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

17. INFORMANT Charles J. Bekebrede (ADDRESS) 2141 Edmund

18. BURIAL, CREMATION, OR REMOVAL PLACE Wentzville, Mo. DATE September 16, 37

19. FUNERAL DIRECTOR Albert H. Hoppe Inc. (ADDRESS) 429 N. Euclid Avenue

20. FILED 9-15 19 37 W. A. Baehner Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 13 19 37

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1st 1937, to Sept. 13th 1937. I last saw him alive on Sept. 13th 1937. Death is said to have occurred on the date stated above, at 3:00 P.M.

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

Chronic Intestinal
neuropathy of long standing
131

Other contributory causes of importance:
Cirrhosis + Chronic
myocarditis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 John A. Konzelman M. D.
(Signed) 6677 Delmar Blvd
(Address)

STATEMENT BY LICENSED EMBALMER

I, Guy Wilkinson, Licensed Embalmer No. 3575
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me
L. E.
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Guy W. Wilkinson

Licensed Embalmer No. 3575

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.)