

DEC 13 1937

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

39363  
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791 / 1003 /**  
(b) Township..... Primary Registration District No. .... Registered No. **10350**  
(c) City **St. Louis, Mo.** (d) Street No. **City Infirmary.** St. ....  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. **Gustave Schmidt, 5800 Arsenal St.** St. **13** (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 **Mrs. Katie Schmidt.**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **August 9, 1861.**

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<b>1861 76</b>	<b>2</b>	<b>26</b>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Baker**

9. Industry or business in which work was done, as saw mill, bank, etc. **X**

10. Date deceased last worked at this occupation (month and year) **X** 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Missouri.**

13. NAME **Gottlieb Schmidt**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

15. MAIDEN NAME **Caroline**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown.**

17. INFORMANT (ADDRESS) **E. Molony, 5800 Arsenal St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Lucas Cem.** DATE **Nov. 8<sup>TH</sup> 1937**

19. FUNERAL DIRECTOR (ADDRESS) **Wm. Schumacher, 3013 Mirambe St.**

20. FILED **NOV 8 1937** **J. T. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from **July 23, 1936** to **November 5, 1937**  
I last saw him alive on **November 5, 1937** Death is said to have occurred on the date stated above, at **5:00 m. a.m.**  
The principal cause of death and related causes of importance were as follows:  
**Degenerative Heart Disease** Date of onset  
**Broncho-Pneumonia**  
**arteriosclerosis.**

Other contributory causes of importance  
**arteriosclerosis.**

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 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 **Yes** (Signed) **Dr. J. Bozack, M. D.** (Address) **5600 Arsenal**

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.

210-210-210

STATEMENT BY LICENSED EMBALMER

I, Clarence Rochow

Licensed Embalmer No.

3093

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

Me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_  
working under my personal supervision.

Registered Apprentice No.

Signed

Clarence Rochow

Licensed Embalmer No.

3093

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.)